

## OIL CONSERVATION DIVISION

Form C-101  
Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper Gas Com	Well No. 1E	Pool Name, Including Formation Basin Dakota/Bloomfield Chacra	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter J ; 1620 Feet From The South Line and 1450 Feet From The East Line of Section 15 Township 29N Range 11W , NMPM, San Juan County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau Incorporated	P.O. Box 26251, Albuquerque, NM 87125
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
J 15 28 11	No

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-8-80	Date Compl. Ready to Prod. 3-12-81	Total Depth 6478'	P.S.T.D. 6424'					
Elevations (DF, RKB, RT, GR, etc.) 5510' GL	Name of Producing Formation Chacra	Top Oil/Gas Pay 2776'	Tubing Depth 6370'					
Perforations 2776-2790, and 2865-2876 Chacra			Depth Casing Shoe 6464'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"	24#	336'		300 sx			
7 7/8"	5 1/2"	17#	6464'		1410 sx			
	2 1/16"		6370'					

## V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

## GAS WELL

Actual Prod. Test-MCF/D 3315	Length of Test 3 Hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 1022 psig	Choke Size 75"

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed By  
E. E. SVOBODA  
(Signature)

## OIL CONSERVATION DIVISION

APPROVED **APR 13 1981**, 19\_\_\_\_\_  
BY **Original Signed by FRANK T. CHAVEZ**  
TITLE **SUPERVISOR DISTRICT # 3**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.