

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AMOCO PRODUCTION COMPANY

501 Airport Dr., Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Totah Vista Gas Com	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>2145</u> Feet From The <u>North</u> Line and <u>705</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>29N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26251, Albuquerque, N.M. 87125					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 22	Twp. 29N	Rge. 13W	Is gas actually connected? No	When

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

III. 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 3-21-81	Date Compl. Ready to Prod. 4-25-81		Total Depth 5033'			P.B.T.D. 5850'		
Elevations (DF, R&B, RT, CR, etc.) 5284' G.L.	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 5652'			Tubing Depth 5816'		
Perforations 5652'-5690', 5746'-5776', 5787'-5792', and 5801'-5809'						Depth Casing Shoe 5933'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8" 32.3#	302'	350
7 7/8"	4 1/2" 10.5#	5033'	1310
	2 3/8"	5816'	

IV. 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 2174	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1744 PSIG	Casing Pressure (Shut-in) 1744 PSIG	Choke Size .75"

V. 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
VOBODA

(Signature)

Dist. Admin. Supvr.

(Title)

MAY 21 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 8 - 1981

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Transporter Form C-104 must be filed for each pool in multiple