

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Amoco Production Company

501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☒

Change in Ownership ☐

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: Allegos Canyon Unit Com "H" Well No.: 180E Pool Name, including formation: Basin Dakota Kind of Lease: State, Federal or Fee Federal Lease No.: SF-078209B

Unit Letter: N ; 810 Feet From The South Line and 1530 Feet From The West

Line of Section: 28 Township: 29N Range: 12W NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Plateau, Inc.

Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, N.M. 87413

Name of Authorized Transporter of Gas ☐ or Dry Gas ☒ EL PASO NATURAL GAS COMPANY

Address (Give address to which approved copy of this form is to be sent) P.O. BOX 990 FARMINGTON, NEW MEXICO

Unit: N Sec: 28 Twp: 29N Rge: 12W Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Hcs'v. Diff. Res'v.

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Deviations (D, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth

Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

AS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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.

APPROVED BY: Frank J. [Signature] TITLE: DISTRICT #3

District Administrative Supervisor (Signature)

September 28, 1983 (Date)

OIL CONSERVATION DIVISION

SEP 29 1983

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. Separate Forms C-104 must be filed for each pool in multiply completed wells.