

Submit 5 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-101
 Revised 1-1-89
 See Instructions
 at Bottom of Page

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
 P.O. Box 2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Co Well API No. 30-015-28311
 Address P.O. Box 500, Denver, Co 80201
 Reason(s) for Filing (Check proper box) New Well Other (Please explain)
 Recompletion Change in Transporter of: Oil Dry Gas
 Change in Operator Casinghead Gas Condensate
 If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Lawson Gas Com Well No. 1 Pool Name, including Formation Coal Gas Basin Fruitland Kind of Lease State, Federal or Fee Lease No. NM-012711
 Location Unit Letter L : 2935' Feet From The SE Line and 1080' Feet From The W Line
 Section 10 Township 30N Range 8W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) _____
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) P.O. Box 500, Denver Co 80201
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Rev Diff Rev
 Date Spudded 12/5/90 Date Compl. Ready to Prod. 1/14/91 Total Depth 3081' P.B.T.D. Surface
 Elevations (DF, IRG, etc.) 6247' GR Name of Production Formation Fruitland Coal Top Oil/Gas Pay 2834' Tubing Depth 2828'
 Perforations Open Hole Completion 2831'-3081' Depth Casing Shoe _____
 TUBING, CASING AND CEMENTING RECORD
 HOLE SIZE 10 1/4" CASING & TUBING SIZE 9 5/8" DEPTH SET 277' SACKS CEMENT 230 SX CI B 14 1/2 gal. re.
8 3/4" 7" 2834' 510 SX CI B 14 1/2
2 3/8" 2828' 65/35 P02, tail w/
100 SX CI B halco Colo. Tail

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 Tank _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____
 Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke _____
 Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____
RECEIVED
MAY 20 1991
OIL CON. DIV.
DIST. 3

GAS WELL
 Actual Prod. Test - MCF/D 3190 Length of Test 24 Bbls. Condensate/MCF 0 Gravity of Condensate 0
 Testing Method (pilot, back pr.) Flowing Tubing Pressure (Shut-in) 0 Casing Pressure (Shut-in) 220 Choke Size 3/4"

VI. OPERATOR 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.
 Signature D.W. Whaley By Supervisor
 Printed Name D.W. Whaley, Staff Admin Title Supervisor District #3
 Date 4/30/91 Telephone No. (303) 830-4280

INSTRUCTIONS: This form is to be filed in compliance with Rule 110-1
 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 2) All sections of this form must be filled out for allowable on new and recompleted wells.
 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, etc.
 4) Separate Form C-101 must be filed for each well.