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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

Operator
Amoco Production Company

Address
501 Airport Dr., Farmington, NM 87401

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

New Well Change in Transporter of: Oil Dry Gas

Recompletion Oil Condensate

Change in Ownership Casinghead Gas Condensate

OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Romero Gas Com A	Well No. 1	Pool Name, Including Formation Bloomfield Chacra	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>K</u> ; <u>1850</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u>					
Line of Section <u>27</u> Township <u>29N</u> Range <u>10W</u> , NMPM, San Juan County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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
	NO

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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-6-82	Date Compl. Ready to Prod. 2-17-83	Total Depth 5750'	P.B.T.D. 5655'					
Elevations (DF, RKB, RT, GR, etc.) 5496' GL	Name of Producing Formation Chacra	Top Oil/Gas Pay 2794'	Tubing Depth 2929'					
Perforations 2794-2804', 2886-2914', with 2 jspf, a total of 76 .38" holes			Depth Casing Shoe 5675					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" 54.5# J-55	295'	619
12-1/4"	9-5/8" 47# S-95	3445'	1023
8-1/2"	7" liner	5270'	398
	4-1/2" liner	5675	190

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-MCF

GAS WELL

Actual Prod. Test-MCF/D 1623	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 846 psig	Casing Pressure (shut-in) 846 psig	Choke Size .75"

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
D. D. [Signature]

(Signature)

Dist. Admin. Supvr.

(Title)

4-14-83

(Date)

OIL CONSERVATION DIVISION

APR 18 1983

APPROVED _____, 19 _____

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 deepener 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 multiple completed wells.