

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Amoco Production Co.</u>	Well API No.
Address <u>2325 E. 30th St Farmington, NM 87401</u>	
Responsible for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ 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 <u>Abrams L</u>	Well No. <u>1A</u>	Pool Name, Including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal ☒ Fee	Lease No.
Location Unit Letter <u>I</u> : <u>1850</u> Feet From The <u>S</u> Line and <u>350</u> Feet From The <u>E</u> Line Section <u>26</u> Township <u>29N</u> Range <u>10W</u> NMIM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1702, Farmington NM 87499</u>	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>SUNTERRA Gas Gathering</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 26400 Albuquerque NM 87125</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec <u>26</u> Twp <u>29N</u> Rge <u>10W</u>	Is gas actually connected? <u>Yes</u> When? <u>4-9-87</u>
If this production is commingled with that from any other lease or pool, give commingling order number: <u>DHC-571</u>		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (DF, RKB, RT, GR, etc)	Name of Producing Formation		Top Oil/Gas Ppy		Tubing Depth			
Perforations			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Mscf

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate M/NCF	Gravity of Condensate
Feeding Method (pump, back pr)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 B. D. Shaw
Printed Name B. D. Shaw Title Adm. Supv
Date 2-2-89 Telephone No. (505) 325-8841

OIL CONSERVATION DIVISION

Date Approved FEB 08 1989

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

FEB 08 1989

OIL CON. DIV.

DIST. 3