Submit 3 Copies
Appropriate District Diffice
DISTRICT 1:
P.O. Box 1980, Hooks, NM 88240 DISTRICT II P.O. Drawer DD, Adesia, NM 88210

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III
1000 Rio Brazos Rd; Azicc, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Amoca Production Co Address Farmington 30+h Street  $n_{\mathcal{U}}$ Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Effective 4-1-89 X Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator 160252 If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. | Pool Name, Including Formation Lease Name State, Federal of Fee Abcam Blanco Mesaverde 1850 Feet From The S Line and 350 Feet From The Line Unit Letter , NMPM, County Juan Township 29N Range 10 W III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate  $\bowtie$ P.O. Box 4289, Farminaton NM 87499 Oil Inc. Meridian Name of Authorized Transporter of Casinghead Gas Addicss (Give address to which approved copy of this form is to be sent) or Dry Gas 🔄 P.O. Box 1869, Bloomfield NM 87413 Sunterra Unit Twp. Rge. Is gas actually connected? If well produces oil or liquids, Sec. give location of tanks. 136 34N 10W L\_I DHC-571 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Gas Well New Well Workover Deepen Plug Back Same Res'v Oil Well Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKE, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE **DEPTH SET** 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 ar exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Water Bbls. Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Testing Method (pital, back pr.) lubing Pressure (Shut-in) Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Date Approved \_\_\_APR 0.3 1989 is true and complete to the best of my knowledge and belief. By\_ SUPERVISION DISTRICT # 3 Signature

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(505) 325-

Printed Name

Date

3-29-89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title \_

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

8841

- 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.

Appropriate District Office
DISTRICT!
P.O. Box 1980, House, NM 88240 DISTRICT II P.O. Drawer DD, Adesia, NM 88210

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO	TRA	<u>INSPORT OI</u>	L AND NA	TURAL GA			<del></del>		
Operator Amoco Produc	oco Production Co									
Address					· · · · · · · · · · · · · · · · · · ·	<del></del>	······································	<del></del>	<del></del>	
Reason(s) for Filing (Check proper box)	Street	۲,	Farming	707 Och	NM er (Please expla	8740	1			
New Well	Ch	ange in	Transporter of:		•	•				
Recompletion	Oil Dry Gas Effective 4-1-89									
Change in Operator   L_					156	585				
and address of previous operator		<u> </u>		<del></del>			<del></del>		<del></del>	
II. DESCRIPTION OF WELL										
Lease Name	Well No. Pool Name, Includ			_		kate, Federator Fee Lease No.				
Abrams L		Α	Himen	ta Co	a Gallup state,				<del></del>	
Unit Letter	: 185	0	Feet From The	S Line	and <u>350</u>	) Fo	et From The.	<u> </u>	Line	
Section 26 Township	p 29 N	<del></del>	Range \Ou	и, , ,	мрм,	San:	Tuan		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 Oil	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casing	P.O. Box 4289, Farmington NM 87499 Address (Give address to which approved copy of this form is to be sent)									
Sunterra				PO Box 1869 Bloomfield NM 87413						
If well produces oil or liquids, give location of tanks.	Unit Sec		Twp. Rgc.	,	y connected?	When	7			
If this production is commingled with that t			DOOL RIVE COMMINE		er:	DHC-	571	<del></del>		
IV. COMPLETION DATA							<u> </u>			
Designate Type of Completion		il 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.B.T.D.	l			
Elevations (DF, RK, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations		Depth Casing Shoe								
				CEMENTING RECORD			SACKS CEMENT			
HOLE BIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							,			
					·					
V. TEST DATA AND REQUES	T FOR ALL	OWA.	ABLE	.L			1			
OIL WELL (Test must be after re	7	volume (	of load oil and must					for full 24 hour	18.)	
Date First New Oil Run To Tank	To Tank Date of Test				i de l'Iow, pu	np, gas lýt, e	ic.)			
Length of Test	Tubing Pressure			Casing Presser			Choke Size			
Actual Prod. During Test	g Test Oil - Bbls.			Water - Bbis.			Gas- MCF			
					0		]			
GAS WELL							,			
Actual Frod. Test - MCF/D	Length of Test			Bbls. Condensate/Mivier			Gravity of Condensate			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIFIC	ATE OF C	7840	LIANCE	\ <u></u>		<del></del>	<u></u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Data Approved						
Shaw				Date Approved Apr 0.3 1989						
Signature  B. D. Show  Adm. Successful Succe				By 3.0.						
Printed Name Title				Title SUPERVISION DISTRICT # 3						
3-29-84 (5	1027 2TO	Teler	shone No	H						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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