

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

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SANTA FE	
FILE	
U.S.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Co.

Address
501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Accomplishment	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anderson Gas Com B	Well No. 1	Pool Name, including Formation Otero Chacra	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>k</u> : <u>1470</u> Feet From The <u>south</u> Line and <u>1660</u> Feet From The <u>west</u>				
Line of Section <u>28</u> Township <u>29N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation <u>Permian (Eff. 9 / 1 / 87)</u>	P.O. Box 1702 Farmington, NM 87499
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 Co.	P.O. Box 990 Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>k</u> Sec. : <u>28</u> Twp. : <u>29n</u> Rge. : <u>10w</u>
Is gas actually connected?	When
	<u>no</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

(Signature)
Adm. Supervisor
(Title)
3/20/85
(Date)

OIL CONSERVATION DIVISION
4-22-85
APPROVED
Original Signed by CHARLES GHOLSON
BY
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'y.	DILL Act
			X	X					
Date Installed 1/30/85	Date Compl. Ready to Prod. 3/4/85	Total Depth 3060'				P.B.T.D. 3020'			
Perforations (DE, RKB, RT, CR, etc.) 5520' GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 2778'				Tubing Depth 2895'			
Perforations 2778'-2794', 2868'-2888', 4jspf, .50" in diameter for a total of 144 holes.						Depth Casing Shoe 3060'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	325'	354 cu ft
7-7/8"	4-1/2"	3060'	708 cu ft
	2-3/8"	2895'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

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
Perf. Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D 3016	Length of Test 3 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-In) 968 psig	Casing Pressure (Shut-In) 999 psig	Choke Size .75"