

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Amoco Production Co.		Well API No. 30-045-28268	
Address P. O. Box 800, Denver, CO 80201			
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Archuleta Gas Com "B"		1	Basin Fruitland Coal Gas	State, Federal XXXX	<i>See</i>
Location					
Unit Letter	<u>N</u>	<u>890</u>	Feet From The <u>S</u> Line and <u>920</u> Feet From The <u>W</u> Line		
Section	<u>19</u>	Township <u>30N</u>	Range <u>8W</u> , NMPM, <u>San Juan</u>	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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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)		
Northwest Pipeline Corporation		P.O. Box 90, Farmington, NM 87401		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When?		

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

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 12/5/90	Date Compl. Ready to Prod. 1/20/91		X	X					
		Total Depth 2588'					P.B.T.D. 2535'		
Elevations (DF, RKB, RT, GR, etc.) 5718' GR	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2180'					Tubing Depth 2100'		
Perforations See attached							Depth Casing Shoe		


TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	268'	275 sx C1 B Ashgrove
7-7/8"	5-1/2"	2584'	w/ 2% CAL C2
	2-3/8"	2100'	(1st Stg) 20 sx C1 B
		WCNA 65/35 poz. tail w/	200 sx C1 B, WCNA Standard

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.) **B. WNCA.**

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



GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
211	24	0	0
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flowing	300	390	30/64

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
Doug Whaley, Staff Admin. Supervisor

Printed Name Title
3/18/91 (303) 830-4280

Date 1/2 Telephone No. 1234

OIL CONSERVATION DIVISION

Date Approved

By ORIGINAL SIGNED BY ERNIE BUSCH

Title **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

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

- 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.