

OIL CONSERVATION DIVISION

P. O. BOX 2088
 SANTA FE, NEW MEXICO 87500

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF LICENSES ISSUED	
DISTRIBUTION	
SANTA FE	
PIRE	
W.S.M.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT.
OPERATOR	
REGISTRATION OFFICE	

Operator
Amoco Production Company

Address
501 Airport Drive, Farmington, N.M. 87401

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

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

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

DESCRIPTION OF WELL AND LEASE

Lease Name W. D. Heath "B"	Well No. 1	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF-07633
Location Unit Letter A ; 990 Feet From The North Line and 990 Feet From The East Line of Section 31 Township 30N Range 9W , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 990 FARMINGTON, NEW MEXICO
Is gas actually connected? <input type="checkbox"/>	When _____

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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Well <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded _____	Date Compl. Ready to Prod. _____	Total Depth _____			P.B.T.D. _____			
Elevations (D) RT, CR, etc.;	Name of Producing Formation _____	Top Oil/Gas Pay _____			Tubing Depth _____			
Perforations _____						Depth Casing Shoe _____		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 the 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. _____

RECEIVED
 SEP 29 1983

GAS WELL

Actual Prod. Test-MCF/D _____	Length of Test _____	Bbls. Condensate/MCF _____	Gravity of Condensate _____
Testing Method (pilot, back pr.) _____	Tubing Pressure (shut-in) _____	Casing Pressure (shut-in) _____	Chore Size _____

OIL CON. DIV.
 SEP 30 1983

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.

DD Lawson
 District Administrative Supervisor
 September 28, 1983

OIL CONSERVATION DIVISION
 APPROVED _____
 BY *[Signature]*
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 1104.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for attempts of new well name or number, or transportation of other such change of name.
 Separate forms 0-104 must be filed for each pool in all recompleted wells.