

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

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 TO TRANSPORT OIL AND NATURAL GAS

MAR 07 1989

CON. DIV.)

I.

Operator Amoco Production Company Well API No. DIST. 3

Address 2325 East 30th Street, Farmington NM 87401

Reason(s) for Filing (Check proper box) ☒ Other (Please explain)

New Well ☐ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐ Pool Name Change

Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ Case #9421 Order #R-8769

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florence	Well No. 115	Pool Name, Including Formation Blanco Fruitland Sand	Kind of Lease State, <u>Federal</u> or Fee	Lease No. SF-078201
Location Unit Letter m : 790 Feet From The S Line and 1025 Feet From The W Line Section 10 Township 30N Range 9W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)	
El Paso Natural Gas Co.					Caller Service 4990, Farmington NM 87499	
It well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes
						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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (<i>DF, RKB, RT, GR, etc.</i>)	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			

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 O.I Run To Tank	Date of Test	Producing Method (<i>Flow, pump, gas lift, etc.</i>)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
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
Testing Method (<i>p, tot, back pr.</i>)	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.

B. Shaw

Signature B. D. Shaw Adm. Supv. Title
Printed Name 3-3-89 (505) 325-8841
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 07 1989

By _____ Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

Title

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 101 must be filed for each pool in multiply completed wells.