

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Amax Oil & Gas Inc. Well API No. 300452384800S1

Address P.O. Box 42806, Houston, TX 77042

Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator Change of operator give name and address of previous operator Other (Please explain)

Change in Transporter of:
Oil Dry Gas
Casinghead Gas Condensate

Ladd Petroleum Corp., 370 17th St., Ste. 1700, Denver, CO 80202-5617

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal "A"</u>	Well No. <u>1E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>SF07821</u>
Location Unit Letter <u>0</u> : <u>820</u> Feet From The <u>South</u> Line and <u>1750</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>30N</u> Range <u>13W</u> , <u>NMPM</u> , <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"/> <u>Gary Williams Energy Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>370 17th St., Ste. 5300, Denver, CO 80202</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Southern Union Gathering, Sinterio Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 26400, Albuquerque, NM 87125</u>
Well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>25</u> Twp. <u>30N</u> Rge. <u>13W</u>	Is gas actually connected? <u>Yes</u> When? <u>August, 1980</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> 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 Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Deviation (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Corrosions						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

NEW 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.)

First New Oil Run To Tank _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____

Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____

Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas MCF _____

RECEIVED
AUG 12 1991.

AS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____

Flowing Method (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

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.

Sherry Vasek
Signature
Sherry Vasek
Printed Name
6/21/91
Date
(713)978-7700
Telephone No.
Title
Prod. Analyst

OIL CONSERVATION DIVISION

Date Approved AUG 12 1991
By [Signature]
Title SUPERVISOR DISTRICT #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.