

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**

I.

Operator AMOCO PRODUCTION COMPANY	Well API No. 300452390700
Address P.O. BOX 800, DENVER, COLORADO 80201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name SANDOVAL GAS COM A	Well No. 1R	Pool Name, Including Formation BLANCO MESAVERDE (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter A	790	Feet From The FNL Line and 790 Feet From The FEL Line		
Section 35	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
MERIDIAN OIL INC.	3535 EAST 30TH STREET, FARMINGTON, CO 87401
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 COMPANY	P.O. BOX 1492, EL PASO, TX 79978
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)	<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.		
Elevations (DF, RKB, RT, GR, 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		

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 Oil Run To Tank	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
JUL 5 1990

GAS WELL

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

OIL CON. DIV
DIST.

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.

D. W. Whaley
Signature
Doug W. Whaley, Staff Admin. Supervisor
Printed Name Title
Date **June 25, 1990** Telephone No. **303-830-4280**

OIL CONSERVATION DIVISION

Date Approved **JUL 5 1990**
By *[Signature]*
SUPERVISOR DISTRICT 13
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-104 must be filed for each pool in multiply completed wells.

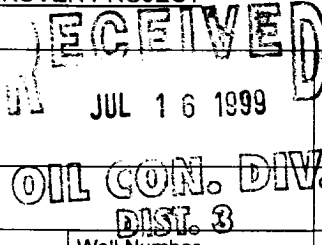
District I - (505) 393-6161
 1625 N. French Dr
 Hobbs, NM 88241-1980
 District II - (505) 748-1283
 811 S. First
 Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Road
 Aztec, NM 87410
 District IV - (505) 827-7131

New Mexico
 Energy Minerals and Natural Resources Department
 Oil Conservation Division
 2040 South Pacheco Street
 Santa Fe, New Mexico 87505
 (505) 827-7131

Form C-140
 Revised 06/99

SUBMIT ORIGINAL
 PLUS 2 COPIES
 TO APPROPRIATE
 DISTRICT OFFICE

APPLICATION FOR
 WELL WORKOVER PROJECT



I. Operator and Well

Operator name & address Amoco Production Company P.O. Box 3092 Houston, TX 77253						DGRID Number 000778		
Contact Party Mary Corley						Phone 281-366-4491		
Property Name SANDOVAL GAS COM /A/				Well Number R1		API Number 30-045-23907		
UL A	Section 35	Township 30N	Range 9W	Feet From The 790'	North/South Line NORTH	Feet From The 790'	East/West Line EAST	County SAN JUAN

II. Workover

Date Workover Commenced: July 17 1998	Previous Producing Pool(s) (Prior to Workover): Blanco Mesaverde
Date Workover Completed: July 17 1998	

- III. Attach a description of the Workover Procedures performed to increase production.
- IV. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.

V. AFFIDAVIT:

State of Texas)
) ss.
 County of Harris)

Mary Corley, being first duly sworn, upon oath states:

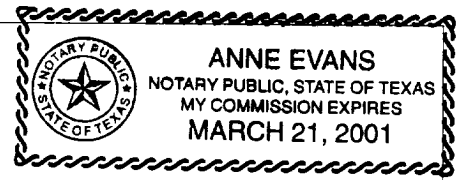
- I am the Operator, or authorized representative of the Operator, of the above-referenced Well.
- I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
- To the best of my knowledge, this application and the data used to prepare the production curve and/or table for this Well are complete and accurate.

Signature Mary Corley Title Sr. Business Analyst Date July 14 1999

SUBSCRIBED AND SWORN TO before me this 15 day of July 1999.

Anne Evans
 Notary Public

My Commission expires: March 21 2001



FOR OIL CONSERVATION DIVISION USE ONLY:

VI. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on 7/17/98.

Signature District Supervisor <u>SSS</u>	OCD District <u>3</u>	Date <u>8/4/99</u>
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VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: _____

**SANDOVAL GAS COM A # 1R
BLANCO MESAVERDE POOL**

API 30-045-23907

FLAC # 975908-01

LOCATION S35 T30N R9W

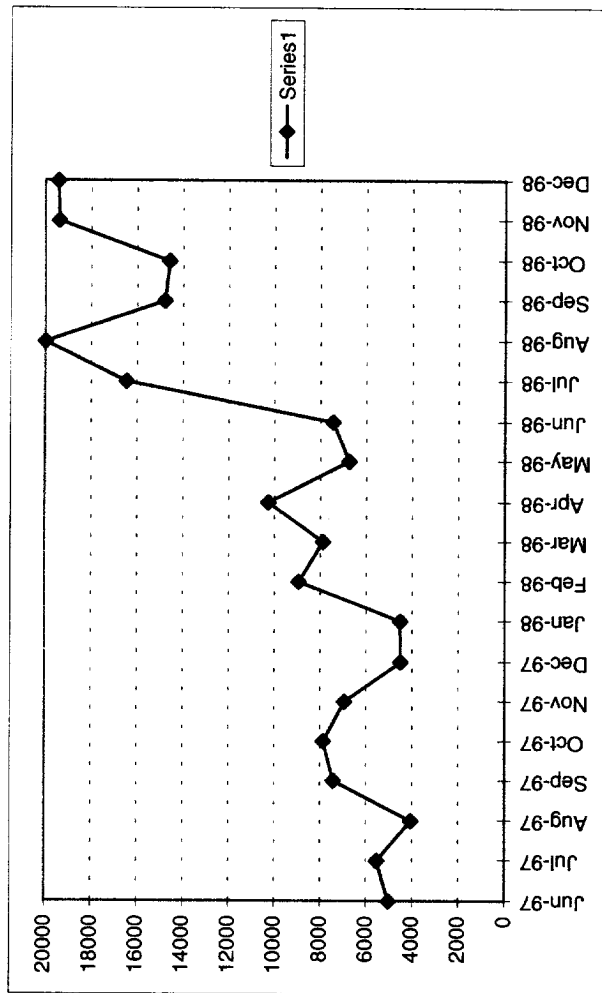
INSTALLED PLUNGER LIFT

COMPLETED 7/17/98

PRODUCTION TABLE

Jun-97	5032
Jul-97	5544
Aug-97	4055
Sep-97	7428
Oct-97	7862
Nov-97	6951
Dec-97	4506
Jan-98	4521
Feb-98	8945
Mar-98	7897
Apr-98	10275
May-98	6764
Jun-98	7458
Jul-98	16463
Aug-98	19985
Sep-98	14790
Oct-98	14583
Nov-98	19393
Dec-98	19435

DECLINE CURVE



**INSTALLED PLUNGER LIFT TO HELP REMOVE LIQUID FROM WELLBORE TO
REDUCE LIQUID LOADING AND INCREASE PRODUCTION.**