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U.S.U.T.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Amoco Production Company

Address

501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☒

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
W. D. Heath "B"	3E	Basin Dakota	State, Federal or Fee Federal	SF-07633
Location				
Unit Letter	H	1820 Feet From The	North	Line and
				900 Feet From The
				East
Line of Section	31	Township	30N	Range
				9W
				NMP14,
				San Juan
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.	P.O. Box 489, Bloomfield, N.M. 87413	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
EL PASO NATURAL GAS COMPANY		
P. O. BOX 990		
If well produces oil or liquids, give location of well	Unit	Sec.
FARMINGTON, NEW MEXICO	H	31
		Twp.
		30N
		Rge.
		9W
Is gas actually connected?	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	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rekey	Diff. Rekey
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (D ₁ , 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

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 Tanks	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

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GAS WELL

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

OIL CON. DIV.
DIST. 3

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.

District Administrative Supervisor

September 28, 1983

OIL CONSERVATION DIVISION

SEP 29 1983

APPROVED

BY

TITLE

This form is to be filed in compliance with N.M.R. 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the deviated length taken on the well in accordance with N.M.R. 1104.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections 1, 11, 13, and 14 for changes of ownership name or number, or transportation of other such change of ownership.

Separate forms 11-104 must be filed for each pool in multi-completed wells.