

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

Operator  
Amoco Production Company

Address  
501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name James F. Bell	Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-02822
Location Unit Letter P : 790 Feet From The south Line and 1000' Feet From The east Line of Section 10 Township 30N Range 13W , 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 26251, Albuquerque, NM 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, NM 87401		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. P 10 30N 13W	Is gas actually connected? No	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	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 3-13-83	Date Compl. Ready to Prod. 4-21-83	Total Depth 6605'	P.B.T.D. 6530'					
Elevations (DF, RKB, RT, GR, etc.) 5797' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6350'	Tubing Depth 6347'					
Perforations 6350'-6494' w/2 SPF total of 81 holes.			Depth Casing Shoe 6605'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24#	322'	300 SX
7-7/8"	4-1/2", 10.5#	6601'	1770 SX
	2-3/8"	6347'	

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 all  
able 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

GAS WELL

Actual Prod. Test-MCF/D 4555	Length of Test 3 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 1922 psi	Casing Pressure (shut-in) 1922 psi	Choke Size .75

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.

Original Signed By  
D.D. Lawson

(Signature)

District Administrative Supervisor

(Title)

June 24, 1983

(Date)

OIL CONSERVATION DIVISION  
7-5-83 JUL 5 1983  
APPROVED

BY Original Signed by FRANK T CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened  
well, this form must be accompanied by a tabulation of the device  
tests taken on the well in accordance with RULE 111.  
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 changes of well  
name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multi-  
completed wells.