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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

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 <u>Amoco Production Company</u>	Well Apt No. <u>30-045-27429</u>
Address <u>P.O. Box 800, Denver, Co 80201</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" 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 type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Thompson LS</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Basin Fruitlands Coal Gas</u>	Kind of Lease State, Federal or-fee	Lease No. <u>SF078385</u>
Location				
Unit Letter <u>L</u>	: <u>1370</u>	Feet From The <u>South</u> Line and <u>1210</u>	Feet From The <u>West</u> Line	
Section <u>34</u>	Township <u>30N</u>	Range <u>8W</u>	NMPM, <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 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)
<u>Amoco Production Co</u>	<u>P.O. Box 800, Denver, Co 80201</u>
If well produces oil or liquids, give location of tanks.	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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<u>X</u>	<u>X</u>					
Date Spudded <u>8/8/89</u>	Date Compl. Ready to Prod. <u>11/26/89</u>	Total Depth <u>3273'</u>	P.B.T.D. <u>3261'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6322' GR</u>	Name of Producing Formation <u>Fruitlands Coal</u>	Top Oil/Gas Pay <u>2900'</u>	Tubing Depth <u>2860'</u>					
Perforations <u>See attached</u>			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD		SACKS CEMENT	
HOLE SIZE <u>12 1/4"</u> <u>8 3/4"</u>	CASING & TUBING SIZE <u>9 5/8"</u> <u>7"</u> <u>4 1/2"</u> <u>3 1/2"</u>	DEPTH SET <u>272'</u> <u>2867'</u> <u>3170'</u> <u>2860'</u>	<u>285</u> sx <u>CI. B</u> <u>510</u> sx <u>CI. B</u> <u>65/35</u> <u>100</u> sx <u>CI. B</u> <u>portland</u> <u>100</u> sx

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 (Shut-in)
Actual Prod. During Test	Oil - bbls.	Water - bbls.

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GAS WELL

Actual Prod. Test - MCF/D <u>537</u>	Length of Test <u>24</u>	bbls. Condensate MCF <u>0</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure (Shut-in) <u>22</u>	Casing Pressure (Shut-in) <u>70</u>	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.

Signature D. W. Whaley
Printed Name D. W. Whaley
Date 11/21/90
Title Staff Admin Supvr
Telephone No. (303) 830-4280

OIL CONSERVATION DIVISION

Date Approved NOV 26 1990

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.

Thompson LS #3 (prev. Florance A#1) Completion Info.

perforate 11/10/89

2900'-2904'	w/4 JSPF, .50 in. diam., 16 shots, open		
2920'-2934'		56	
2952'-2962'		40	
2965'-2974'		36	
2995'-3004'		36	
3007'-3018'		44	

frac 11/11/89

frac down casing with 82500 gal. X-Link gel

28770 # 40/70 sn

290000 # 12/20 sn

screened out with 250000 # sn. in formation
AIR 55 BPM; AIP 1000 psi