TABULATION OF DEVIATION TESTS

* * AMOCO PRODUCTION COMPANY * *

OCO PRODUCTION	COMPANY * *	
/2°	DEVIATIO	<u>N</u>
1/2°		RECEIVED
3/4°		FEB21 1990
AFFIDAV	IT	OIL CON. DIV.
deviation test	s taken on	AMOCO PRODUCTION
ty, New 71	Nexico	
	0.0	
	/2° /2° /2° 3/4° 1° AFFIDAV to the best of deviation test	1/2° 1/2° 1/2° 3/4° 3/4° 1° AFFIDAVIT to the best of my knowle deviation tests taken on NE/SW Sec. 28, T30 ty, New Mexico

My Commission Expires: 4-7-90

THIS IS TO tabulation

Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I .	TO TRANSPO	OFT OIL	AND NATURAL GAS			
Operator D	1. 0			Well A		
	ction Company	av		30-	045-27430	
Address P.O. Box 800	Denver, Co		80201	;		
Reason(s) for Filing (Check proper box)	<u></u>	 	Other (Please explain))		
New Well	Change in Transpor	1 1				
Recompletion	Oil Dry Gas	, ,				
Change in Operator	Casinghead Gas Condens	sale [_]				
If change of operator give name and address of previous operator						
II. DESCRIPTION OF WELL	AND LEASE					
Lease Name	Well No. Pool Na	me, Includir	ng Formation	Kind o	(Lease Lea	se No.
GARTNER A	14 BASIA	Fruitla	NA COAL GAS	State, I	Federal or Fee SFO8	0597
Location Unit Letter	: 1830 Feet Fro	om The S	outh Line and 1810)Fee	el From The West	Line
Section 28 Townshi	2	8(County
	lenangen ag av	15 B. 1 4 COVE 15		:		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND or Condensate	U NA I'UI	RAL GAS Address (Give address to which	h approved	copy of this form is to be ten	······································
The of Productives Transporter of Off	or Condensate			opproved	copy of ma join is to be sen	•
Native of Authorized Transporter of Casinghead Gas or Diy Gas Amoco Production Co			Address (Give address to which approved copy of this form is to be sent) P.O. BOX 800, Denver, Co 80201			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge.	ls gas actually connected?	When		
If this production is commingled with that	from any other lease or pool, giv	e commingli	ing order number:			
IV. COMPLETION DATA				<u>:</u>		·
Designate Type of Completion		Cas Well	New Well Workover	Deepen	Plug Back Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	L
8/16/89	11/15/89		3183	į	3172'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	:	Tubing Depth	
Perforations 6275 GR	Fruitland Coal		2842'		2818	
·~	3945				Depth Casing Shoe	
		NG AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING S		DEPTH SET		SACKS CEME	NT
12 '/4 ''	95/8"		282'		250 SX Cl. B	
8 3/4 "	7 "		2790'			CAD
	- 					Ail
L V. TEST DATA AND REQUE	CT EOD ALL TOWN DIE	····	3183,		12.0.2 X	
<u>-</u>	recovery of total volume of load of	oil and owst		adde (oe dii	s depth or he for full 24 hours	- 1
Date First New Oil Run To Tank	Date of Test	VII B/142 ///(LI)	Producing Method (Flow, pun			1.7
			ARA	e 11 W	R IR	
Length of Test	Tubing Pressure		Casing Pressed	SIV	Julio Size	
Actual Prod. During Test	(2)3 1111			<u> </u>		
Actual Fron. During Test	Oil - Ubls.		Water - Bbls. NOV2	6 1990	Gae- Mich	
GAS WELL				ואר	NV ·	
Actual Prod. Test - NICI/D	Length of Test		Bbls. Condensate/MMCF	MAN D	Gravity of Condensate	
422	24			ST. 3	Starting of Conocusate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	
Flowing	109		164	į	24/64 .	
VI. OPERATOR CERTIFIC	CATE OF COMPLIAN	NCE	011 0011			
I hereby certify that the rules and regu			OIL CON	SEHV	ATION DIVISIO	N
Division have been complied with and is true and complete to the best of my		e			NOV 0 0 1000	
s true and complete to the best of my	knowledge and belief.		Date Approved		NOV 2 6 1990	
NI III				!	/l _	
Signature			By	3.	N) Cham	
D. W. Whaley	Staff Admin.	Super		SUPF	RVISOR DISTRICT	. 3
Printed Name	(303) 830 - 4280	•	Title	i		, <i>v</i>
Date Date	Telephone 1	No.		1		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

THE RESIDENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF

- 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.