

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company		Well API No.
Address P. O. Box 800, Denver, CO 80201		
Reason(s) for Filing (Check proper box) 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 type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) The subject well (formally the Mesa Verde Strat Test #1) was drilled in Dec., 1957. Since that date it has been shut-in and used as a pressure test well. Amoco has recently submitted a name change with the BLM and plans to begin sales in September.
If change of operator give name and address of previous operator Tenneco Oil Company		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Neil LS	Well No. 1A	Pool Name, Including Formation Blanco - Mesa Verde	Kind of Lease XXX , Federal XXXX	Lease No. SF078051
Location Unit Letter J : 1500 Feet From The South Line and 1500 Feet From The West Line Section 14 Township 31N Range 11W , 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 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)	
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
Is gas actually connected?	When?	
No	August, 1990	

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
		<input checked="" type="checkbox"/>						
Date Spudded 12-16-1957	Date Compl. Ready to Prod. 12-29-1957		Total Depth 5004 5011		P.B.T.D. 4986			
Elevations (DF, RKB, RF, GR, etc.) 5921' GR	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 4310		Tubing Depth 4963			
Perforations 2 Shots per ft. 4310-4340, 4356-4380, 4808-4822, 4828-4844 4852-4862, 4876-4890, 4904-4924, 4935-4969					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	10-3/4"		177		150 SX Curc.			
8-3/4"	7-5/8"		2783		250 SX			
6-3/4"	5-1/2"		5004		300 SX			
	2"		4963					

V. TEST DATA AND REQUEST FOR ALLOWABLE

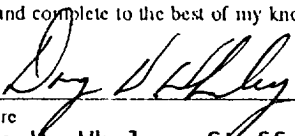
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
		RECEIVED
Length of Test	Tubing Pressure	Casing Pressure
		AUG 18 1990
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		as-MCF

GAS WELL

Actual Prod. Test - MCF/D 5121	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (XXXX Flowing) 424	Casing Pressure (XXXX) Flowing 894	Choke Size 2"

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
Doug W. Whaley, Staff Admin. Supervisor
Printed Name
August 10, 1990
Date
(303) 830-4280
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 29 1990**
By **Original Signed by CHARLES GHOLSON**
Title **DEPUTY OIL & GAS INSPECTOR, DIST. #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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.