

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator AMOCO PRODUCTION COMPANY Well API No. 3004510764
Address P.O. BOX 800, DENVER, COLORADO 80201
Reason(s) for Filing (Check proper box) ☒ Other (Please explain)
New Well ☐ Change in Transporter of: ☐ Dry Gas ☐ NAME CHANGE - Mudge LS #12
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐
Change in Operator ☐

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name MUDDGE /B/ Well No. 12 Pool Name, Including Formation BLANCO (MESAVERDE) Kind of Lease FEDERAL Lease No. SF078096
Location Unit Letter H : 1681 Feet From The FNL Line and 990 Feet From The FEL Line
Section 17 Township 31N Range 11W , NMPM, SAN JUAN County

III. 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)
CONOCO, Inc. P.O. BOX 1429, BLOOMFIELD, NM 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 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks. Unit Soc. Twp. Rge. 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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, 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			

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
Actual Prod. During Test Oil - bbls. Water - bbls. Gas - MCF
GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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 Doug W. Whaley, Staff Admin. Supervisor
Printed Name Doug W. Whaley Title
Date October 22, 1990 Telephone No. 303-830-4280

OIL CONSERVATION DIVISION

Date Approved OCT 29 1990

By [Signature] SUPERVISOR DISTRICT #3
Title

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.