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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		Attention: Dallas Kalahar		Well API No. 3004521311	
Address P.O. Box 800 Denver Colorado 80201					
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)					
New Well <input type="checkbox"/>		Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>			
Recompletion <input type="checkbox"/>		Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>			
Change in Operator <input type="checkbox"/>		REVISÉ TO CORRECT POOL NAME (FORMERLY UNDESIGNATED PC)			

If change of operator give name
and address of previous operator*Clad Pool Change, see Request***II. DESCRIPTION OF WELL AND LEASE**

Lease Name Martinez Gas Com "H" 458	Well No. 1	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N 1150 Feet From The South Line and 1460 Feet From The West Line Section 32 Township 32N Range 10W ,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 type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.		Unit	Sec.	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		BACKS 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 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	Choke Size
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 COMPLIANCEI 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*Dallas Kalahar 4/6/94*Signature
Staff Business AnalystPrinted Name
04/08/1994

Date

Title

Telephone No.

OIL CONSERVATION DIVISIONDate Approved **MAR 08 1994**

By

Burt D. Shum
SUPERVISOR DISTRICT 13

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
- 4) changes.