

OIL CONSERVATION DIVISION

P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
ELITE	
W.S.O.S.	
HEAD OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

**Amoco Production Company**

Address  
 501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name  
 and address of previous owner:

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Boyd Gas Com</b>	Well No. <b>1A</b>	Pool Name, Including Formation <b>Blanco Mesaverde</b>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <b>C</b> : <b>1170</b> Feet From The <b>North</b> Line and <b>1640</b> Feet From The <b>West</b> Line of Section <b>8</b> Township <b>31N</b> Range <b>10W</b> , NMPA, <b>San Juan</b> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Plateau, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 489, Bloomfield, NM 87413</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 990, Farmington, NM 87401</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>8</b>	Twp. <b>31N</b>	Rge. <b>10W</b>	Is gas actually connected? <input type="checkbox"/>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Scale Solvent Treat. etc.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.	
Elevations (D), RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Play			Tubing Depth	
Perforations						Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

**RECEIVED**  
 SEP 29 1983

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

OIL CON. DIV.  
 DIST. 3

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.

*R.D. Larson*  
 (Signature)

District Administrative Supervisor

September 28, 1983

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank J. Quigg* SEP 28 1983, 19

BY SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transportation or other such changes of permit. Separate Forms C-104 must be filed for each pool in newly completed wells.