

TABULATION OF DEVIATION TESTS
 Keys Gas Com "C" No. 1
 AMOCO PRODUCTION COMPANY

<u>DEPTH</u>	<u>DEVIATION</u>
309'	1°
817'	1°
1804'	3/4°
2001'	1°
2472'	1°
2732'	1/4°

A F F I D A V I T

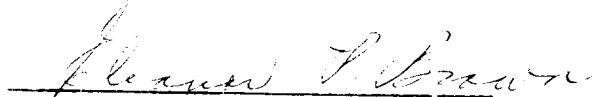
THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation tests taken on AMOCO PRODUCTION COMPANY'S Keys Gas Com "C" No. 1, Mt. Nebo Fruitland Ext., 1480' FSL x 1620' FWL, Section 27, T32N, R10W, San Juan County, NM

Signed _____
 Title Dist. Admin. Supvr.

THE STATE OF NEW MEXICO))
) SS.
 COUNTY OF SAN JUAN))

BEFORE ME, the undersigned authority, on this day personally appeared D. D. Lawson known to me to be Dist. Admin. Supvr. for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 30 day of March, 1983.



 Notary Public

My Commission Expires: December 28, 1983

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

I. Operator
Amoco Production Company

Address
501 Airport Dr., 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Keys Gas Com "G"	Well No. 1	Pool Name, Including Formation Mt. Nebo Fruitland Ext.	Kind of Lease State, Federal or Free Fee	Lease No.
Location Unit Letter <u>K</u> ; <u>1480</u> Feet From The <u>South</u> Line and <u>1620</u> Feet From The <u>West</u>				
Line of Section <u>27</u> Township <u>32N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> 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 Company	P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	Yes Yes 3-28-83

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 11-8-82	Date Compl. Ready to Prod. 12-13-82	Total Depth 2759'	P.E.T.D. ---					
Elevations (DF, RKB, RT, GR, etc.) 5949' KB	Name of Producing Formation Fruitland	Top Oil/Gas Pay 2461'	Tubing Depth 2605'					
Perforations <i>Open Hole 2714' - 2759'</i>			Depth Casing Shoe 2714'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	54.5# K-55	301'	43) sx class B w/2% CaC
10-5/8"	7"	23# K-55	2714'	84) sx class B 50:50 po
4 3/4"	Open Hole		2714' - 2759'	
	2-7/8"		2605'	

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 Tanks	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.	Gal - MCF

GAS WELL

Actual Prod. Test - MCF/D 178	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 339 psig	Casing Pressure (Shut-in) 343 psig	Choke Size .75

VI. 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)
Dist. Admin. Supvr.
(Title)
3-30-83
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____ FRANK F CHAVEZ

TITLE _____

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.