STATE OF NEW MEXICO ERGY AND MINERALS DEPARTMENT

90. 97 CPPICE SECE	1050	
DISTRIBUTIO) M	1
SANTA FE		T
FILE		Γ
U.S.G.S.		
LAND OFFICE		T
TRANSPORTER	DIL	
	G AS	
OPERATOR		I
PROBATION OFF	ICE	
Operator		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

U.E.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQU AUTHORIZATION TO	Al	R ALLOWA ND PORT OIL		RAL GAS			
Amoco Production Co	ompany					*		
501 Airport Drive.	Farmington, NM 87401							
Reason(s) for filing (Check prope		•	(Other (Please	explain)	 -		
New Well X	Change in Transporter of							
Recompletion Change in Ownership	Oil Casinghead Gas	Dry Ga Conder	7					
If change of ownership give na and address of previous owner								
DESCRIPTION OF WELL								
State Gas Com "BC" Location	Well No. Pool Name, In 1E Bas	sin Dak			Kind of Lease State, Federal	_	State	Lease No. E-8444
Unit Letter ;	1520 Feet From The nort	h Lin	• and1	585	Feet From T	heeas	t	 !
Line of Section 32	Township 31N R	ange	12W	, ММРМ,	San J	uan		County
DESIGNATION OF TRANS	PORTER OF OIL AND NATU	RAL GA		ive address t	o which approv	ed copy of th	is form is to	be sent)
Plateau, Inc.		- <u></u> -			l, Albuqu			
Name of Authorized Transporter El Paso Natural Gas	_	• <u>(1)</u>			o which approv Farmingt		•	be sent)
If well produces oil or liquids,	Unit Sec. Twp.	Rge.		ally connecte	d? Whe	n		
give location of tanks.		12W	No			Approxim	nately 90	days.
If this production is commingle COMPLETION DATA	ed with that from any other lease		give commi		number:			
Designate Type of Comp		zs Well X	New Well	Workover	Deepen	Plug Back	Same Rest	v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depti	h	<u> </u>	P.B.T.D.	<u>i</u>	<u>i</u>
1-30-83	3-29-83		7046	- D=-		7036	 	
6048 GL	Dakota	ı	Top Oil/Go 6854	is Pay		Tubing Dep 6847		
Perforations 6854'-6964' with 2	SPF; total of 104 hole	es. 7	1005-7	030.5	o hales	Depth Casi 7046	•	
	TUBING, CASI		CEMENTI					
12-1/4"	8-5/8", 24#, K-55			<u>depth se</u> 312'	<u>. T</u>	5/	ACKS CEMI	NT
7-7/8"	4-1/2", 10.5#, K-	-55	 	045'			1117	
	2-3/8"		6	847'				
TEST DATA AND REQUES	able f		pth or be for	full 24 hours,)		qual to or ex	ceed top allow-
Date First New Oil Run To Tank	Date of Test		Producing)	Wethod (Flow,	, pump, gas lift	, elc.)		
Length of Test	Tubing Pressure		Casing Pre	sswe		Choke Size		
Actual Prod. During Test	Oil-Bbis.		Water - Bbis.		Gas- MCF			
transport transport to the state of the stat						CON	DIV.	
GAS WELL					715	DIST. 3		
Actual Prod. Test-MCF/D	Length of Test		Bbls. Cond	ensate/MMCF	•	Gravity of	Condensate	
1534 Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure (Shut-in)		Casing Pre	sswe (Sbat-	in)	Choke Size		
back pressure	1920 psig		192	0 psig		. 75	5	
nivision have been complied	and regulations of the Oil Conse	lven l	APPROV	-83 VED	d by FRANK	J	SION IUN 2,7	, 1983
above is thue and complete t	o the best of my knowledge and	Deniei.	SUPERVISOR MISTRICT # 2					
	ı		This form is to be filed in compliance with RULE 1104.					
Original Signed By D.D. Euwson	j				est for allow	able for a s	ewly drille	d or deepened
U.D. E. MOOR	(Signature)		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 assordance with RULE 111.					
District Adminis	trative Supervisor		All	sections of	this form mu	t be filled	out complet	iely for ellem-
T	(Title) 2 10, 1983		shie on new and recompleted wells, Fill out only Sections I. II. III. and VI for shanges of owner, well name or number, or transporter, or other such change of condition.					
June	(Date)		well nar Sep complete	arate Form	r, or transport	be filed	for each po	ol in multiply