

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company	Well API No. 30-045-26149
Address P.O. Box 800, Denver, CO 80201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pritchard	Well No. 6E	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease <del>State</del> , Federal or <del>Other</del>	Lease No. NM-013686
Location Unit Letter <u>D</u> : <u>1065'</u> Feet From The <u>N</u> Line and <u>900'</u> Feet From The <u>W</u> Line Section <u>34</u> Township <u>31N</u> Range <u>9W</u> , <u>NMPM</u> , <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	P.O. Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Tw.	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
		XXX				XXX		
Date Spudded 1/08/85	Date Compl. Ready to Prod. 1/14/93		Total Depth 7520'		P.B.T.D. 7511'			
Elevations (DF, RKB, RT, GR, etc.) 6121' KB 6169' L	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2913'		Tubing Depth 2976'			
Perforations 2913' - 2972' Pictured Cliffs					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		326'		225 sx class B			
8 3/8"	7 "		3495'		1st stg: 182 sx 65/35 &			
	2 3/8"		2976'		CL B. 2nd stg: 263 sx			
	4 1/2" Liner		7517'		65/35 & CL B			

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 well)

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
		JAN 22 1993	
		OIL CON. DIV.	
		DIST. 3	

GAS WELL

Actual Prod. Test - MCF/D 1133	Length of Test 24 hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 490	Casing Pressure (Shut-in) 620	Choke Size 42/64"

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 Wayne G. White  
Wayne G. White Admin. Services Mgr.  
Printed Name 1-21-93 Title (303) 830-4646  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 27 1993  
By ORIGINAL SIGNED BY ERNIE BUSCH  
Title DEPUTY OIL & GAS INSPECTOR, DIST. 3

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 well in multiply completed wells.