

Submit 5 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-101
 Revised 1-1-89
 See Instructions
 at Bottom of Page

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Urazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

| | |
|---|---|
| Operator Amoco Production Company | Well API No. 30-045-27778 |
| Address P.O. Box 800, Denver, Co. 80201 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> |
| Recompletion <input 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 Bannes Gas Com "B" | Well No. 1 | Pool Name, Including Formation Basin Fruitland Coal Gas | Kind of Lease State, Federal or Fee | Lease No. SF-078039 |
| Location Unit Letter <u>N</u> : <u>1180'</u> Feet From The <u>S</u> Line and <u>1390'</u> Feet From The <u>W</u> Line Section <u>22</u> Township <u>32N</u> Range <u>11 W</u> , <u>NMIM</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 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. | 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 |
| | | XX | XX | | | | | |
| Date Spudded 6/15/90 | Date Compl. Ready to Prod. 6/5/91 | Total Depth 3397' | P.B.T.D. 3325' | | | | | |
| Elevations (DF, RKII, RT, GR, etc.) 6473' GR | Name of Producing Formation Fruitland Coal | Top Oil/Gas Pay 2899' | Tubing Depth 2877' | | | | | |
| Perforations See Attached. 2899-3184 | Depth Casing Shoe | | | | | | | |

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--|
| 12 1/4" | 8 5/8" | 276' | 210 sx Cl B surface |
| 7.875" | 5 1/2" | 3379' | 1st stg 150 sx Cl G |
| | 2 3/8" | 2887' | 200 sx Cl G Tail, 2nd Stg 300 sx Cl G, tail 60 sx Cl G |

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 Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test | Oil - bbls. | Water - bbls. |

RECEIVED
 JUL 2 1991

GAS WELL

| | | | |
|---|----------------------------------|----------------------------------|----------------------------------|
| Actual Prod. Test - MMCFD 192 | Length of Test 24 | bbls. Condensate/MMCF 0 | Gravity of Condensate DIST. 3 |
| Testing Method (pilot, back pr.) Flowing | Tubing Pressure (Shut-in) 100 | Casing Pressure (Shut-in) 310 | Choke Size 20/64 |

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: D. W. Whaley
 D. W. Whaley, Staff Admin. Supervisor
 Printed Name: _____ (303) 830-4280 Title
 Date: 7/10/91 Telephone No. _____
 Date: (Salazar)

OIL CONSERVATION DIVISION
 Date Approved: JUL 31 1991
 By: Original Signed by CHARLES GHOLSON
 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.