

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

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

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

Operator <b>AMOCO PRODUCTION COMPANY</b>		Well API No. <b>30-045-27939</b>
Address <b>P.O. BOX 800, DENVER, COLORADO 80201</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
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 <b>SMYERS GAS COM B</b>	Well No. <b>#1</b>	Pool Name, including Formation <b>BASIN FRUITLAND COAL</b>	Kind of Lease <b>FEE</b>	Lease No.
Location				
Unit Letter <b>L</b>	<b>2340</b>	Feet From The <b>S</b> Line and <b>830</b> Feet From The <b>W</b> Line		
Section <b>2</b>	Township <b>31N</b>	Range <b>11W</b>	<b>NMPM, SAN JUAN</b>	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)	
<b>EL PASO NATURAL GAS</b>	<b>P.O. BOX 4990, FARMINGTON, NM 87499</b>	
If well produces oil or liquids, give location of tanks.	Unit	Soc.
	Twp.	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
		<b>XX</b>	<b>XX</b>					
Date Spudded <b>11/20/91</b>	Date Compl. Ready to Prod. <b>2/15/92</b>		Total Depth <b>2747'</b>		P.B.T.D. <b>2701'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5935' GR</b>	Name of Producing Formation <b>FRUITLAND COAL</b>		Top Oil/Gas Pay <b>2432'</b>		Tubing Depth <b>2670' - 2620'</b>			
Perforations <b>2432' - 2633' Fruitland Coal</b>		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4"</b>	<b>8 5/8"</b>		<b>248'</b>		<b>165 SX CL B W/2% CaCl<sub>2</sub></b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>2742'</b>		<b>220 SX 65/35 POZ, 200</b>			
	<b>2 3/8"</b>		<b>2620'</b>		<b>SX CL G, 400 SX 65/35</b>			
POZ, 60 SX CL G TO SURFACE.								

### 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)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

**RECEIVED**  
**APR 3 0 1992**  
**OIL CON. DIV.**  
**DIST. 3**

### GAS WELL

Actual Prod. Test - MMCFD <b>350</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) <b>FLOWING</b>	Tubing Pressure (Shut-in) <b>520</b>	Casing Pressure (Shut-in) <b>650</b>	Choke Size <b>1/4</b>

### 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.

*Cynthia Burton*  
Signature  
**Cynthia Burton, Staff Admin. Supervisor**  
Printed Name  
**4/28/92**  
Date  
**303-830-4280**  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **APR 3 0 1992**  
By *Burt D. Chung*  
Title **SUPERVISOR DISTRICT #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.