

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Company		Well API No. 30-045-28910
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:	
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 Horton	Well No. 3	Pool Name, including Formation Blanco Pictured Cliffs (Gas)	Kind of Lease <del>State</del> , Federal <del>XXXX</del>	Lease No. NM-016746
Location Unit Letter <u>G</u> : <u>1755</u> Feet From The <u>N</u> Line and <u>1465</u> Feet From The <u>E</u> Line Section <u>28</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.
	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
		XX	XX					
Date Spudded 12-21-92	Date Compl. Ready to Prod. 2-02-93	Total Depth 3114'		P.D.T.D. 3030'				
Elevations (DF, RKB, RT, GR, etc.) 6124' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2986'		Tubing Depth 2978'				
Perforations 2986' - 3009' Pictured Cliffs				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"	266'		200 Sx Class B				
7 7/8"	4 1/2"	3097'		180 Sx Cl B (1st Stg)				
	2 3/8"	2978'		300 Sx Cl B lead & tail (2nd Stg)				

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.
		Woke Size MAR 1 1993 OIL CON. DIV.

GAS WELL

Actual Prod. Test - MMCFD 271	Length of Test 24 Hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate 50
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 310	Casing Pressure (Shut-in) 440	Choke Size 64/64

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 Michael P. Curry Business Analyst  
Printed Name Michael P. Curry Title  
Date 2-22-93 Telephone No. (303) 830-4075

OIL CONSERVATION DIVISION

Date Approved MAR 19 1993  
By Supervisor  
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.
- 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 pool in multiply completed wells.