

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

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 <u>Amoco Production Company</u>	Well API No. <u>30-059-20296</u>
Address <u>P.O. Box 3092; Houston, TX 77253</u>	
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 <u>Bravo Dome Carbon Dioxide Gas Unit</u>	Well No. <u>1934-322J</u>	Pool Name, including Formation <u>BDCD GU 640 Acre Area - Tubb</u>	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location				
Unit Letter <u>J</u>	<u>1960</u> Feet From The <u>South</u> Line and <u>1960</u> Feet From The <u>East</u> Line	Section <u>32</u> Township <u>19N</u> Range <u>34</u> , NMPM, <u>Union</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)		
<u>Amoco Production Company</u>	<u>CO2 P.O. Box 3092; Houston, TX 77253</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge. Is gas actually connected? When?	
			<u>Yes</u> <u>1-12-89</u>

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
		<u>X</u>						
Date Spudded <u>12-14-88</u>	Date Compl. Ready to Prod. <u>1-3-89</u>	Total Depth <u>2696</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>GR 4906.5</u>	Name of Producing Formation <u>Tubb</u>	Top Oil/Gas Pay <u>2564</u>	Tubing Depth <u>N/A</u>					
Perforations <u>OH 2564 - 2696</u>		Depth Casing Shoe <u>2561</u>						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>720</u>	<u>350</u>
<u>8 3/4"</u>	<u>5 1/2"</u>	<u>2564</u>	<u>650</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE *Tubingless completion. This is the flowing csg. prs. 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D <u>1847</u>	Length of Test <u>24 Hrs</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>FLW</u>	Tubing Pressure (Shut-in) <u>160 * CPF</u>	Casing Pressure (Shut-in)	Choke Size

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.

B.L. McMillan
Signature
B.L. McMillan Admin. Analyst (SG)
Printed Name
1-13-89 Date
(713) 584-7334 Telephone No.

OIL CONSERVATION DIVISION

Date Approved 1-25-89
By [Signature]
Title DISTRICT SUPERVISOR

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.