

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 Uraos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY		Well API No. 3004525302
Address P.O. BOX 800, DENVER, COLORADO 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 Omler A	Well No. #11	Pool Name, including Formation Basin Fruitland Coal Gas	Kind of Lease Fed	Lease No. SF-077085
Location Unit Letter <u>L</u> : <u>790</u> Feet From The <u>West</u> Line and <u>1800</u> Feet From The <u>South</u> Line Section <u>26</u> Township <u>28N</u> Range <u>10W</u> , NMPM, San Juan 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)	
<u>El Paso Natural Gas</u>	<u>P.O. Box 4990, Farmington, NM 87499</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.

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 Reaiv	Diff Reaiv
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Date Spudded <u>4/26/82</u>	Date Compl. Ready to Prod. <u>12/23/91</u>	Total Depth <u>3020'</u>	P.B.T.D. <u>2870'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5828' KB</u>	Name of Producing Formation <u>Fruitland Coal</u>	Top Oil/Gas Pay <u>1714'</u>	Tubing Depth <u>1858'</u>					
Perforations <u>1714' - 1855'</u>	<u>Fruitland Coal</u>		Depth Casing Shoe					

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>248' KB</u>	<u>175sx Cl B</u>
<u>6 1/4"</u>	<u>4 1/2"</u>	<u>3019' KB</u>	<u>1st: 300sx Cl B, 150 sx</u>
	<u>2 3/8"</u>	<u>1858'</u>	<u>2nd: 300sx Cl B, 50 sx</u>

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
<u>179</u>	<u>24 hours</u>	<u>0</u>	<u>0</u>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Flowing</u>	<u>45</u>	<u>190</u>	<u>22/64</u>

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 / KLS
Signature
Cynthia Burton, Staff Admin. Supervisor
Printed Name
5/13/92
Date
303-830-4280
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 18 1992

By [Signature]
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