## DISTRIBUTION NEW MEXICO OIL CONSERVATION, COMMISSION SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-116 / LE Effective 1-1-65 AND U.S.G.S AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE 1 THANSPORTER GAS 1 OPERATOR PRORATION OFFICE AMOCO PRODUCTION COMPANY Address 501 Airport Drive, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) X Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, including Formation Kind of Lease Legse No. Archuleta Gas Com "A" 14 Blanco Mesaverde State, Federal or Fee Fee Location Unit Letter\_\_**J** 1475 Feet From The South Line and 1450 East \_ Feet From The Township 29-N Range 9-W , NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Plategu, Inc. Name of Authorized Transporter of Casinghead Gas P. O. Box 108, Farmington, New Mexico 8740 Address (Give address to which approved copy of this form is to be sent) O, Farmington, New Mexico El Paso Natural Gas Company P. O. Box 990, Sec. If well produces oil or liquids, P.ge. 5 J 29N 9W No Approx. 60 days If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Wcrkover Deepen Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion -(X)X Date Compl. Ready to Prod. Total Depth P.B.T.D. 2-3-77 3-5-77 47041 4652 Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Cil/Gas Pay Tubing Depth 5580' GL Mesaverde 3680' 4539 ' Perforations 3680-82, 3758-62, 3770-75, 3778-82, 4786-93, 3799-3803, Depth Casing Shoe 3808-18, 3854-58, 3876-80, 3886-90, 3894-3909, 3936-40, 4022-34, 4700' OAGE TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12-1/4" 9-5/8" 248' 2492' 280 8-3/4" 450 6-1/4" 4-1/2" 2315-4704 300 V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Ų Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbls. Ggs - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 2195 3 hr. Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Back Pressure 582 716

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Area Adm. Supvr. (Title)

March 24, 1977 OIL CONSERVATION COMMISSION

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BY_	Ori	ginal	Signed	25	.i.		Mendriek	
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This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Consider Dames C 104 must be filled for and most in multiply

## PERFORATIONS (CONTINUED)

4042-48, 4056-63, 4080, 4082, 4144-52, 4156-60, 4174-81, 4216-22, 4257-62, 4302-06, 4328-32,4379-90, 4396-4400, 4406-10, 4427-36, 4446-58, 4606-10 with 1 SPF.