

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. & COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

Operator Amoco Production Company	
Address 501 Airport Dr., Farmington, NM 87401	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Valencia Gas Com "B"	Well No. 1M	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter <u>K</u> ; <u>1670</u> Feet From The <u>South</u> Line and <u>1560</u> Feet From The <u>West</u>				
Line of Section <u>18</u> Township <u>29N</u> Range <u>9W</u> , NMPM, <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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	P. O. Box 26251, Albuquerque, NM 87125
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 Company	P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
K 18 29N 9W	No

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.
		X	X					
Date Spudded 12-17-81	Date Compl. Ready to Prod. 3-26-82	Total Depth 6552'	P.B.T.D. 6494'					
Elevations (D <sub>1</sub> % RT, GR, etc.) 5537' GL	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4270'	Tubing Depth 4318'					
Perforations 3664'-3674', 3688'-3700', 3710'-3732', 3736'-3746', 3786'-3794', 3884'-3892', 3918'-3926', 4270'-4278', 4290'-4296', 4305'-4312', 4320'-			Depth Casing Shoe 6552'					
TUBING, CASING, AND CEMENTING RECORD 4328'								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	410'	810 sx					
12-1/4"	9-5/8"	2404'	600 sx					
8-3/4"	7"	6552'	880 sx					
	2-1/16"	4318'						

## 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 Tanks	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 1241	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (shut-in) 798 psig	Casing Pressure (shut-in) 802 psig	Choke Size .75"

## VI. 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.

Original Signed By  
D.D. Lawson  
(Signature)District Administrative Supervisor  
(Title)April 22, 1982  
(Date)OIL CONSERVATION DIVISION  
APR 23 1982

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #3

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.

Separate Form C-104 must be filed for each pool in multiply completed wells.