STATE OF NEW MEXICO

AND MINERALS DEPARTMENT

GT AND WITHER	ALS L) C. F &	4/1 ()	V 1 L.
	1+ 60			_
DISTRIBUTION				
SANTA FE		Ĺ	i	
FILE				
U.L.O.L.				
LAND OFFICE		l	l	
TRANSPORTER	DIL			}
	GAS			
OPERATOR			1_	
BEORATION OFFICE		1	l .	1

Dist. Admin. Supvr.

2-14-83

(Title)

(Date)

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE NEW MEXICO 87501



TILE	SANTA PE, WEW	Maxico avan	FEB 1 6 1983
J.S.G.S.	DECHECT COL	D ALLOWARIE	1. 1. 1. 2. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
TRANSPORTER DIL		R ALLOWABLE ND	on con any.
OPERATOR GAS		PORT OIL AND NATURAL GAS	pist. 3
PROBATION OFFICE			
Operator Amoco Production Con	pany		
Address			
	Farmington, NM 87401		
Reason(s) for filing (Check proper		Other (Please explain)	}
New Well AM	Change in Transporter of: Oil Dry Go	as ac	
Recompletion Change in Ownership	Casinghead Gas Conde		J. 750
			, 11-1
change of ownership give named address of previous owner	e		\\\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
•			
DESCRIPTION OF WELL AN	Well No. Pool Name, Including F	ormation Kind of Leas	Leane No.
Anderson Gas Com A	1 Otero/Chac		olor Fee Fee
	- :		, .
Unit Letter	670 Feet From The North Li	ne and 1450 Feet From	The West
	20N	10U Com 1	luan
Line of Section 28	Township 29N Range/	TOW , MAMM, San J	County County
ስድር፤ሮክልቲ፤ <u>ርክ</u> ብሮ ፕሮልኦሮቦ	ORTER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of	OII or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of		Address (Give address to which appro	
El Paso Natural Gas		P. O. Box 990, Farming	gton, NN 8/401
If well produces oil or liquids,	Unit Sec. Twp. Rge.	1s gas actually connected? WI	
give location of tanks.		give commingling order number	
I this production is commingled COMPLETION DATA	with that from any other lease or pool,		
	etion - (X)	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty
Designate Type of Compl		Total Doubh	P.B.T.D.
Date Spudded 11-6-82	Date Compl. Ready to Prod. $12-29-82$	Total Depth 3197	3154'
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5474' GL	Pictured Cliffs	1768'	1853'
Perforations	ISPF for a total of 116 hol	0.5	Depth Caming Shoe 3197'
1/08-1826 With 2 c			3.77
		ID CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	308'	350 sx
12-1/4" 8-3/4"	7"	3197'	830 sx
0-3/4	2=1+8"	रणकः'	And the land of th
	2-1/16"	1853'	
TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be	after recovery of total volume of load of	il and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	able jor this c	depth or be for full 24 hours) Producing Method (Flow, pump, gas	WARCE MARK
Date First New Oil Run To Tanks	50,700		W-ARIARW
Length of Test	Tubing Pressure	Casing Pressure	ChoxAPR 1 1 190/
•			6044
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	COM DIM
			DIST. 2
CAC WEY			
Actual Prod. Test-MOF/D	Langth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
908	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (Shx 203 psig	Cosing Pressure (Shut-in)	Choke 51ze
Back pressure	203 psig	231 psig	48/64
CERTIFICATE OF COMPL	IANCE Ω	OIL CONSERVA	ATION DIVISION
	1 l 10 l	APPROVED	MAR 3, 7, 1983
I hereby certify that the rules Division have been complied	with and that the inform	7770	
spoke is time and comblete to	203 psig Augg Augg IANCE and regulations of the Oi with and that the inform o the best of my knowle o the best of my knowle o the best of my knowle	BY Jun . Came	—
	μ	TITLE SUPLRVISOR DIS	STRICT 罪 3
Original Signed D.D. Lewson	A o	This form is to be filed I	n compliance with RULE 1104.
().D. 127750	5 m m r	If this is a request for all	lowable for a newly drilled or deepen inspired by a tabulation of the deviati
	(Signature)	well, this form must be accom-	cordance with NULE 111.

All sections of this form must be filled out completely for allow able on new and recompleted walls.

Fill out only Sections I. II. III, and VI for changes of owner well name or number, or transporter, or other such change of conditions.

Ms. Bush.

These are the

Capées you Requested.

Except the:

Davis S.#1

I will send this as

soan a passible

Sais Cachurn
(313) 830-5294