

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 7
Santa Fe, New Mex

REQUEST FOR ALLOWANCE
TO TRANSPORT O

ORIZATION AL GAS

1.

1. Operator <u>Amoco Production Co.</u>		LE GAS	Well API No. <u>30-045-27330</u>
Address <u>P.O. Box 800, Denver Co 80201</u>		Copies <u> </u>	
Reason(s) for Filing (Check proper box)			
<input checked="" type="checkbox"/> New Well		<input type="checkbox"/> Other (Please explain)	
<input type="checkbox"/> Recompletion		Change in Transporter of:	
<input type="checkbox"/> Change in Operator		<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
		<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

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Lease Name <u>FlORANCE H</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Basin Fruitland Coal Gas</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>NM 09717</u>
Location				
Unit Letter <u>H</u> : <u>1480</u> Feet From The <u>North</u> Line and <u>1025</u> Feet From The <u>East</u> Line				
Section <u>6</u> Township <u>30N</u> Range <u>8W</u> , NMPM, <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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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)				
Amoco Production Co					PO Box 800, Denver, CO 80201				
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?		When ?	
						Yes			

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dif. Res'v
Date Spudded 6/22/89		Date Compl. Ready to Prod. 8/22/89		Total Depth 2905'			P.B.T.D.		
Elevations (DF, RKII, RT, GR, etc.)		Name of Producing Formation Fruitland Coal			Top Oil/Gas Pay 2730'			Tubing Depth 2665'	
Perforations Open hole completion, no perforations							Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4"		9 5/8"		276'			275 sx C/I B		
8 3/4"		7"		2683'			470 sx C/I G		
		2 7/8"		2665'			100sx Tail		

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.)

OIL WELL. (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this region or be for greater recovery)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		NOV 20 1990

GAS WELL

Actual Prod. Test - MCF/D 3.9	Length of Test 24	libls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size 75

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.

Signature

Printed Name _____

Date _____

STAFF Admin Supvr.

Title

Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved

By

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- INSTRUCTIONS: This form is to be filed in compliance with Rule 110.
- 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.
 - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.