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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL / GAS
OPERATOR
PRORATION OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
AMOCO PRODUCTION COMPANY
Address
501 Airport Drive Farmington, NM 87401
Reason(s) for filing (Check proper box)

				Other (Please explain)
New Well	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

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Martinez Gas Com "A"	1A	Blanco Mesaverde	State, Federal or Fee Fee	

Location
Unit Letter J : 1615 Feet From The South Line and 1850 Feet From The East
Line of Section 32 Township 32N Range 10W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X
Plateau, Inc.
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 108 Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas or Dry Gas X
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
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
	J	32	32N	10W	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 Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/12/77	1/10/78	5358'	5322'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5995' GL, 6008' KB	Mesaverde	4333'	5173'
Perforations 4333-45, 4434-39, 4449-53, 4476-79, 4544-47, 4566-69, 4626-4703, 4739-42, 4748-53, 4762-66, 4768-70, 4822-36, 4867-70, 4927-44, 5006-15, 5086-94, 5103-08, 5114-17, (over			**Depth Casing Shoe**	5358'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	9-5/8" Casing	266'	300
8-3/4"	7" Casing	3170'	600
6-1/4"	4-1/2" Casing	2964-5358'	300
	2-3/8" Tubing	5173'	

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 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2632	3 Hours		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	666 psig	669 psig	.75"

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.

(Signature)
Area Administrative Supervisor
(Title)
1/30/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__
BY Original Signed by A. R. Kendrick
TITLE _____

This form is to be filed in compliance with RULE 1104.

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

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

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

Separate Forms C-104 must be filed for each pool in mul