## Superscare tha Cares und Effective (-1-65) REQUEST FOR ALLOWABLE SANTAFE AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator AMOCO PRODUCTION COMPANY 501 Airport Drive Farmington, NM 87401 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of X Dry Gas Oil Recompletion Concensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Legse No. Well No.; Pool Name, Including Formation Lease Name State, Federal or Fee Fee Blanco Mesaverde McCoy Gas Com "A" Location West 1845 Feet From The North Line and 1670 Feet From The F 10W , NMPM, San Juan Range Township 31N 18 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Box 108 Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X Box 1899 Bloomfield, NM 87413 Southern Union Gathering Company Unit Sec. Is gas actually connected? If well produces oil or liquids, give location of tanks. Approx. 90 days F ! 18 31N ! If this production is commingled with that from any other lease or pool, give commingling order number: Same Res'v. Diff. Res'v IV. COMPLETION DATA Plug Back Oil Well Gas Well New Well Workover TDeepen Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded 4952 4988 12/29/77 12/3/77 Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 4913 3980 Mesaverde 4900' GL, 4912' KB Depth Casing Shoe Perforations 3980-84, 4008-12, 4054-62, 4066-77, 4094-4104, 4178-4230, 4236-70, 4988 4280-85, 4318-22, 4361-78, 4395-4404, 4408-13, 4420-22, 4440-42, 4474-93, TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 300 sx 9-5/8" Casing 280' 13-3/4" 2872**'** 540 sx 8-3/4" Casing 450 sx 2684-4988 4-1/2" Casing 6-1/4" 2-3/8" Tubing 4913' 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 Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date First New Cil Run To Tanks Date of Test Choke Size Cosing Pressure Tubing Pressure Length of Test Gas - MCF Woter - Bbis. Oil - Bbla. Actual Prod. During Test Gravity of Condensate GAS WELL Bbis. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D 3 hours 1104 Choke Size Cosing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) .75 691 636 Back Pressure OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED. I hereby certify that the rules and regulations of the Oil Conservation I hereby certify that the lates and regardings 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. By Original Signad by A. C. Fordings TITLE .

Soboda Area Administrative Supervisor

(Title)

(Dale)

1/18/78

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 deviat tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I. II. III. and VI for changes of ownell name or number, or transporter, or other such change of condit Princes From CitAd mine ha filed for real most in mile

## Periorations cont'd

4540-51, 4557-59, 4564-73, 4577-87, 4625-35, 4680-83, 4712-25, 4730-33, 4749-58, 4769-86, 4798-4804, 4830-34, 4858-63, 4910-13