

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**1.**

Operator AMOCO PRODUCTION COMPANY		Well API No. 300390735100
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <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

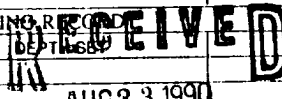
Lease Name SAN JUAN 28 7 UNIT		Well No. 26	Pool Name, Including Formation BLANCO MESAVERDE (PRORATED GAS)		Kind of Lease State, Federal or Fee	Lease No.
Location						
Unit Letter	M	:	990	FSL	910	FWL
		Feet From The		Line and	Feet From The	
Section	24	Township	28N	Range	7W	NMPM
				RIO ARRIBA		County

### 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)	
MERIDIAN OIL INC.		3535 EAST 30TH STREET, FARMINGTON, NM 87401		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
EL PASO NATURAL GAS COMPANY		P.O. BOX 1492, EL PASO, TX 79978		
If well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected?
				When?

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

#### IV. COMPLETION DATA

IV. COMPLETION DATA			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)										
Date Spudded	Date Compl. Ready to Prod.		Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth			
Perforations							Depth Casing Shoe			
<div style="text-align: center;"> <b>TUBING, CASING AND CEMENTING RECORD</b>  <div style="display: flex; justify-content: space-between; align-items: center;"> <div> HOLE SIZE  CASING &amp; TUBING SIZE </div> <div style="text-align: center;">  </div> <div> SACKS CEMENT </div> </div> </div>										

### V. TEST DATA AND REQUEST FOR ALLOWABLE

**V. TEST DATA AND REQUEST FOR ALLOWABLES**  
**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.)

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Date First New Oil Run To Tank	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

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 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 Doug W. Whaley, Staff Admin. Supervisor Title \_\_\_\_\_  
Printed Name \_\_\_\_\_ Telephone No. 303-830-4280  
Date July 5, 1990

## OIL CONSERVATION DIVISION

Date Approved AUG 23 1990

By E. J. Chung  
SUPERVISOR DISTRICT #3

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

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