

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

Operator <b>AMOCO PRODUCTION COMPANY</b>		Well API No. <b>300392262300</b>
Address <b>P.O. BOX 800, DENVER, COLORADO 80201</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>SAN JUAN 28 7 UNIT</b>	Well No. <b>257E</b>	Pool Name, including Formation <b>BASIN DAKOTA (PRORATED GAS)</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>0</b> : <b>900</b> Feet From The <b>FSL</b> Line and <b>1850</b> Feet From The <b>FEL</b> Line Section <b>19</b> Township <b>28N</b> Range <b>7W</b> , <b>NMPM</b> , <b>RIO ARRIBA</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

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)
<b>MERIDIAN OIL INC.</b>	<b>3535 EAST 30TH STREET, FARMINGTON, NM 87401</b>
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)
<b>EL PASO NATURAL GAS COMPANY</b>	<b>P.O. BOX 1492, EL PASO, TX 79978</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <input type="checkbox"/> When?

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 <input type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
Perforations		Tubing Depth
		Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DETHS
		BACKS CEMENT

**RECEIVED**  
**AUG 23 1990**  
**OIL CON. DIV.**  
**DIST. 3**

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

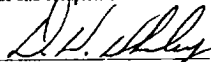
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

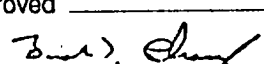
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**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**  
Printed Name  
**July 5, 1990**  
Date  
**303-830-4280**  
Telephone No.

**OIL CONSERVATION DIVISION**

**AUG 23 1990**  
Date Approved  
By   
**SUPERVISOR DISTRICT 13**  
Title

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.