

STATE OF NEW MEXICO
OIL AND MINERAL DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF PERMITS	
DISTRIBUTION	
SALES	
FILE	
U.S.M.S.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	
Operator	

Amoco Production Company

Address
501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recapitulation	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name R. B. Sullivan	Well No. 3	Pool Name, including formation Basic Nakota	Kind of Lease State, Federal or Free Fee	Lease
Location Unit Letter <u>B</u> : <u>1160</u> Feet From The <u>North</u> Line and <u>1480</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>27N</u> Range <u>10W</u> , NMPM, San Juan				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, N.M. 87413
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) EL PASO NATURAL GAS COMPANY
If well produces liquids, give location of tanks FARMINGTON, NEW MEXICO	Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Hect	Same H-SEC. Drill, Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.O.T.D.				
Locations (D) (RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations	Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE PL WELL

(Test must be after recovery of total volume of load all and must be equal to or exceed top of hole for this depth or be for full 24 hours)

Site First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Level Prod. During Test	Oil - Bbls.	Water - Bbls.

AS WELL

Level Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Casing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Cable Size

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 here is true and complete to the best of my knowledge and belief.

BDShap
Signature

Admin. Supervisor

11-1-84
Date

OIL C
Dist. 3

OIL CONSERVATION COMMISSION
APPROVED NOV 20 1984, 19

BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with NMB 1100.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a photograph of the well logs taken on the well in accordance with NMB 111.
All sections of this form must be filled out completely for a well on new oil completion.
Fill out only sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.