

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR Amoco Production Company	
Address 501 Airport Dr., Farmington, New Mexico 87401	
Person(s) for filing (Check proper box)	
New Well ☒	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 McGrady Gas Com "C"	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-035634
Location				
Unit Letter F ; 1585 Feet From The North Line and 1640 Feet From The West				
Line of Section 14 Township 27N Range 12W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Plateau Incorporated	P. O. Box 26251, Albuquerque, N.M. 87125
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, N.M. 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 14 27N 12W	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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8-22-80	Date Compl. Ready to Prod. 7-30-81	Total Depth 6342'	P.B.T.D. 6305'					
Elevations (OF, REB, RT, GR, etc.) 5985' G.L.	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6161'	Tubing Depth 6230'					
Perforations 6161'-6192' and 6209'-6225'		Depth Casing Shoe 6338'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"	24.0#	332'	390				
7 7/8"	4 1/2"	10.5#	6338'	1600				
	2 3/8"		6230'					

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)

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 2102	Length of Test 3 Hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1162 PSIG	Casing Pressure (shut-in) 1164 PSIG	Choke Size .75"

VI. 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.

Original Signed By
E. E. SVOBODA

(Signature)

District Administrative Supervisor

(Title)

OIL CONSERVATION DIVISION

AUG 20 1981

APPROVED _____, 19

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE _____

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

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

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

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