

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | | |
|--|---|-------------------------------------|--|
| 1. PRODUCTION OFFICER Operator | | | |
| Amoco Production Company | | | |
| Address | | | |
| 501 Airport Drive, Farmington, NM 87401 | | | |
| Person(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------|--------------|--------------------------------|-------------------------------|--------------------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| C. A. McAdams "C" | 2E | Basin Dakota | State, Federal or Fee Federal | SF077941 |
| Location | | | | |
| Unit Letter F | 1560 | Feet From The North | Line and 1530 | Feet From The West |
| Line of Section 5 | Township 27N | Range 10W | NMPM, | San Juan County |

III. 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) | | | | | |
| Plateau Incorporated | P.O. Box 26251, Albuquerque, NM 87125 | | | | | |
| 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 | P.O. Box 990, Farmington, NM 87401 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | F | 5 | 27N | 10W | 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 | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 1-14-81 | 3-18-81 | 6483' | 6451' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 5887' GL | Dakota | 6232' | 6391' | | | | | |
| Perforations | | | Depth Casing Shoe | | | | | |
| 6232-6241, 6262-6269, 6317-6370, and 6394-6407 | | | 6483' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" 24# | | 321' | | 300 sx | | | |
| 7 7/8" | 4 1/2" 10.5# | | 6483' | | 2000 sx | | | |
| | 2 3/8" | | 6391' | | | | | |

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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 1913 | 3 Hrs. | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| Back Pressure | 1445 psig | 1472 psig | .75" |

I. 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.

Signed By
E. SVOBODA

(Signature)

District Administrative Supervisor

OIL CONSERVATION DIVISION

APR 13 1981

APPROVED _____, 19

Original Signed by FRANK T. CHAVEZ

BY _____
TITLE SUPERVISOR DISTRICT 6

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 and request for allowable.