

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

I. Amoco Production Company
Address
501 Airport Drive, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

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.
<u>P.O. Pipkin</u>	<u>3E</u>	<u>Basin Dakota</u>	State, Federal or Fee <u>Federal</u>	<u>SF077875</u>
Location				
Unit Letter <u>I</u>	<u>1525</u>	Feet From The <u>South</u> Line and <u>970</u>	Feet From The <u>East</u>	
Line of Section <u>17</u>	Township <u>27N</u>	Range <u>10W</u>	<u>NMPM</u>	<u>San Juan</u> 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)					
<u>Plateau Incorporated</u>	<u>P.O. Box 26251, Albuquerque, NM 87125</u>					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>I</u>	<u>17</u>	<u>27N</u>	<u>10W</u>	<u>No</u>	

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 Restv.	Diff. Restv.
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>1-2-81</u>	<u>3-15-81</u>	<u>6475'</u>	<u>6460'</u>					
Elevations (DE, REB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>5973' GL</u>	<u>Dakota</u>	<u>6205'</u>	<u>6432'</u>					
Perforations	Depth Casing Shoe							
<u>6384-6389, 6402-6433, 6205-6224, 6242-6250, 6296-6323, 6347-6353</u>	<u>6475'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT				
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>24#</u>	<u>297'</u>	<u>300 SX</u>				
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>10.5#</u>	<u>6475'</u>	<u>1900 SX</u>				
	<u>2 3/8"</u>		<u>6432'</u>					

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 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
<u>2427</u>	<u>3 Hrs.</u>		
Testing Method (spot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Back Pressure</u>	<u>1560 psig</u>	<u>1560 psig</u>	<u>.75"</u>

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.

(Signature)

District Administrative Supervisor

OIL CONSERVATION DIVISION

APPROVED APR 23 1981, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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.

This form must be filled out completely for allow-