

OIL CONSERVATION DIVISION
P. O. BOX 4098
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator

Amoco Production Company

Address

501 Airport Drive, Farmington, N.M. 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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
J. C. Gordon "D"	3E	Basin Dakota	State, Federal or Free Federal	3F-07795
Location				
Unit Letter	C	450 Feet From The North Line and 1580 Feet From The West		
Line of Section	23	Township 27N	Range 10W	NMPM, San Juan County

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, Inc.	P.O. Box 489, Bloomfield, NM 87413					
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 If well produces oil or liquids, give location, NEW MEXICO	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
FARMINGTON, NEW MEXICO	C	23	27N	10W		

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 Back	Same Well, Diff. Prod.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (D, RT, GR, 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
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or greater than (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, etc.)	Choke Size
			SEP 29 1980
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke 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 above is true and complete to the best of my knowledge and belief.


(Signature)

District Administrative Supervisor

(Title)

September 28, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

SUPERVISOR DIST. 3

TITLE

This form is to be filed in compliance with N.M.C.F. 1904.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with N.M.C.F. 1904.

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

Fill out only Sections 1, 10, 11, and 12 for each well. If well name or number, or transportation or other such change of number, Separate Forms 42-104 must be filed for each point in well completed wells.