

NO. OF OTHER APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Company

Address 501 Airport Drive, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	☐ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☐ Change in Ownership	☐ Casinghead Gas	

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Martin Gas Com F</u>	Well No. <u>1R</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or F Fed. <u>SF</u>
Location Unit Letter <u>F</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>1520</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>27N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> Co.			

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, Inc.</u>	<u>P.O. Box 489, Bloomfield, New Mexico 87413</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, New Mexico 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>F</u> Sec. <u>14</u> Twp. <u>27N</u> Rge. <u>10W</u>	<u>No</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Original
D.B. [Signature]
(Signature)
District Administrative Supervisor
(Title)
January 4, 1984
(Date)

OIL CONSERVATION DIVISION
1984
JAN 08 1984
APPROVED
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE _____

This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes well name or number, or transporter, or other such change of Separate Forms C-104 must be filed for each pool in recompleted wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same As Prev.	Diff.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.S.T.D.			
9-20-83	10-8-83		6654'			6606'			
Elevations (DF, RKB, RT, CR, etc.,)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6140' GR	Basin Dakota		6393'			6557'			
Perforations 6393'-6411', 6435'-6443', 6480'-6519', 6543'-6548', 6556'-6571', 2 jspf, .38" in diameter, total of 158 holes.						Depth Casing Shoe			
						6654'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
12.25"	8.625" 24#, K-55			323'			315		
7.875"	4.5" 10.5# J-55			6654'			2190		
	2-7/8"			6557'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or greater than allowable for this depth or be for full 24 hours)

Date First New Oil Ran 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
139	3 hrs.			
Testing Method (pilot, back pr.)	Tubing Pressure (Khat-in)	Casing Pressure (Khat-in)		Choke Size
Back Pressure	212 psig	1017 psig		.75