

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTI	0#	T
SANTA PE		1
FILE		
U.S.G.A.		
LANG OFFICE		
TRANSPORTER	OIL	
	E AS	
OPERATOR		
PROBATION OFF	HC E	

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

REQUEST FOR ALLOWABLE

PROBATION OFFICE	AND	
AUTHOR	RIZATION TO TRANSPORT OIL AND N	IATURAL GAS
l. Operator		
Amoco Production Comp	any	
	_	
501 Airport Drive, Fa		7401
		Please explain)
Recompletion Oil	n Transporter of:	
	nghead Gas Condensate	
Cuarto in Course out	Condensate	
If change of ownership give name		
and address of previous owner		
II DESCRIPTION OF WELL AND LEASE		
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No.	Pool Name, Including Formation	Kind of Lease No.
R.P. Hargrave "K" 1E	Racin Dakota	State, Federal or Fee Federal SE-077382
Location	Basin Dakota	rederal SH-077302
	N	XX
Unit Letter 920 Feet Fro	m The North Line and 1850'	Feet From The West
1. 1. 1. Tourston 0.70		
Line of Section 16 Township 275	I Range IOW , ?	NMPM, San Juan County
III DECICALATION OF TRANSPORTER OF	OH AND MATTINAL CAS	
III. DESIGNATION OF TRANSPORTER OF (lress to which approved copy of this form is to be sent)
Plateau, Incorporated		89, Bloomfield, New Mexico 87413
Name of Authorized Transporter of Casinghead Gas		ress to which approved copy of this form is to be sent)
Southern Union Gas Company		50, Farmington, New Mexico 87499
Linux Sec		
If well produces oil or liquids, give location of tanks.	· '	2-13-84
	· · · · · · · · · · · · · · · · · ·	
f this production is commingled with that from an	y other lease or pool, give commingling	order number:
NOTE: Complete Parts IV and V on reverse si	ide if necessary.	
	0	U CONCEDUATION DU VICIO
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION		
hereby certify that the rules and regulations of the Oil Co	inservation Division have APPROVED_	FEB 24 1984
been complied with and that the information given is true an		. LC. II FDASIV T CHAVET
ny knowledge and belief.	BY	riginal Signed by FRANK T. CHAVEZ
	Ⅱ	SUPERVISOR DISTRICT # 3
	TITLE	TOPPA JOOK DISTINCT II
Signed By	This form	is to be filed in compliance with RULE 1104,
D.D. Lawson (Signature)		request for allowable for a newly drilled or despense
	ll tages taken on	must be accompanied by a tabulation of the deviation the well in accordance with RULE 111.
District Administrative Supervi	.501	as of this form must be filled out completely for silow-
(Tule)		d recompleted wells.
2-22-84		ly Sections I, II, III, and VI for changes of owner,
(Date)	11	mber, or transporter, or other such change of condition,
	Separate F	orms C-104 must be filed for each pool in multiply

Designate Type of Comple	etion - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resty.	Diff. Res
Dote Spudded	Date Compl. Ready to Prod.		Total Depth	!	1	P.B.T.D.	1	
Elevations (DF, RKB, RT, GR, etc	No. 10-1							
	CR, etc., Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforetions				··· <u> </u>		Depth Casing Shoe		
	TUBING, CAS	ING, AND	EMENTIN	IG RECORD				
HOLE SIZE	CASING & TUBING	SIZE	DEPTH SET			SACKS CEMENT		
						 		
						ļ		
V. TEST DATA AND REQUES	T FOR ALLOWABLE (Test			Cental malma	of land of	<u></u>		
OIL WELL	able ;	must be after for this depch	or be for fi	il 24 hows)	, ., .oes ou		was to or exce	see tob error
	Date of Test	o this depen	OF 84 707 71	ull 24 hours)			that to or exec	oe top attor
Date First New Oil Run To Tanks Length of Test		P	OF 84 707 71	Mhod (Flow,			MAL TO OF EXCE	oo top attoe
Date First New Oil Run To Tanks	Date of Test	F	roducing M	Mhod (Flow,		i, esc.)	ned to or seed	oo top atte
Date First New Oil Run To Tanks Length of Teet Actual Pred, During Teet	Date of Test Tubing Pressure	F	roducing Mi	Mhod (Flow,		Choke Size	real to or exce	ee top alloe
Date First New Oil Run To Tanks Length of Test	Date of Test Tubing Pressure	F	reducing Meaning Press	Mhod (Flow,		Choke Size		ee top alloe

