

... OF OFFICE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION 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

☐ Recompletion

☐ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Casinghead Gas

☐ Dry Gas

☐ Condensate

Other (Please explain)

RECEIVED
JAN 06 1984

OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name

P.O. Pipkin

Well No. 6E

Pool Name, Including Formation
Basin Dakota

Kind of Lease

State, Federal or Free Fed.

SP# 077875

Location

Unit Letter B : 1070 Feet From The North Line and 1675 Feet From The East

Line of Section 18

Township 27N

Range 10W

NMPM, San Juan

Co.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Plateau, Inc.

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 489, Bloomfield, New Mexico 87413

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

El Paso Natural Gas Company

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 990, Farmington, New Mexico 87499

If well produces oil or fluids,
give location of tanks.

Unit B

Sec. 18

Twp. 27N

Rge. 10W

Is gas actually connected?

No

When

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 Signed
D.D. Lawson

(Signature)

District Administrative Supervisor

(Title)

January 5, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

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 cased 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 for wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data.
Separate Form 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 Ready, Will
			X	X				
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.S.F.D.		
8-25-83	9-15-83		6374'			6323'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
5923' GR	Basin Dakota		6141'			6287'		
Perforations 6141'-6153', 6171'-6179', 6221'-6264', 6291'-6320', 2 jspf, .38" in diameter; total 184 holes.						Depth Casing Shoe		
						6374'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12.25"	8.625" 24# K-55		327'			315		
7.875"	4.5" 10.5# J-55		6374'			1354		
	2-3/8"		6287'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or ex-
 OIL WELL able 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/MCF	Gravity of Condensate
92	3 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (Knot-In)	Casing Pressure (Knot-In)	Choke Size
Back Pressure	1382 psig	1382 psig	