

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

Operator		Well API No.	
Amoco Production Company		30-045-26054	
Address			
P. O. Box 800, Denver, CO 80201			
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Kutz Federal B - True	1	Otera-Chacra-Gas	State, Federal or XXX	DGq-0774
Location				
Unit Letter <u>H</u> : <u>1730</u> Feet From The <u>North</u> Line and <u>1075</u> Feet From The <u>East</u> Line				
Section <u>22</u> Township <u>28N</u> Range <u>10W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.					3535 E. 30th St., Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.					P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	H	22	28N	10W	No	

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

IV. COMPLETION DATA

[illegible]

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	libb. Condensate/MCF	Gravity of Condensate
Testing Method (<i>pilot, back pr.</i>)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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

Signature
D. W. Whaley, Staff Admin. Supervisor

Printed Name _____ Title _____
12/18/90 (303) 830-4280

Date 10/25/78 / WEH Telephone No. 338 1200

OIL CONSERVATION DIVISION

JAN 04 1991

Date Approved

By

SUPERVISOR DISTRICT #3

Title

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.