

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Amoco Production Co.	3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	5. LEASE DESIGNATION AND SERIAL NO. SF-080099	6. IF INDIAN, APPLICANT OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME A. L. Elliott Gas Com F	9. WELL NO. 1	10. VIEWS AND TOOLS, OR WITLOCAT Basin Dakota	11. SEC., T., R., M., OR BLK. AND SERVEY OR ARMA	12. COUNTY OR PARISH San Juan	13. STATE NM
14. PERMIT NO.		15. ELEVATIONS (Show whether DY, KT, GR, etc.) 6445' GR		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)		18. I hereby certify that the foregoing is true and correct		19. SIGNED <u>BDS Shaw</u> TITLE <u>Adm. Supervisor</u> DATE <u>8-6-85</u>		20. APPROVED BY _____ TITLE _____ DATE _____	

RECEIVED
AUG 08 1985

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AUG 12 1985

OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD

DATE 8-6-85

FARMINGTON RECORD AREA

BY _____

*See Instructions on Reverse Side

TABULATION OF DEVIATION TESTS

AMOCO PRODUCTION COMPANY

DEPTH	DEVIATION
500'	3/4°
764'	3/4°
920'	1-1/4°
1000'	1-1/4°
1105'	1-1/2°
1311'	1-1/2°
1443'	1-3/4°
1500'	1-1/4°
1568'	1-1/2°
1712'	1-1/4°
2000'	3/4°
2194'	3/4°
2500'	1/2°
3000'	1/2°
3500'	1/4°
4000'	1/2°
4085'	3/4°
4500'	3/4°
4572'	3/4°
5000'	1°
5073'	1-1/4°
5500'	1°
5600'	1°
6000'	1/2°

(over)

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation tests taken on AMOCO PRODUCTION COMPANY'S Annie L. Elliott Gas Com F No. 1, Section 14, T29N, R9W, San Juan County, New Mexico

Signed

B. D. Shaw

Title

Adm. Supervisor

THE STATE OF NEW MEXICO)

) SS.

COUNTY OF SAN JUAN)

BEFORE ME, the undersigned authority, on this day personally appeared B. D. Shaw known to me to be Adm. Supervisor for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this 3rd day of September, 1985.

Shirley J. Bradshaw
Notary Public

My Commission Expires: June 16, 1985

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SEP 04 1985
OIL CON. DIV.
DIST. 3

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or to conduct a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-080099	
2. NAME OF OPERATOR Amoco Production Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1810' FNL x 1625' FWL		8. FARM OR LEASE NAME A. L. Elliott Gas Com F	
5. ELEVATIONS (Show whether DF, RT, CR, etc.) 6445' GR		9. WELL NO. 1	
6. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
7. COUNTY OR PARISH San Juan		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/NW Sec14, T29N, R9W	
8. STATE NM		12. COUNTY OR PARISH San Juan	
9. STATE NM		13. STATE NM	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Completion	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Moved in and rigged up service unit on 7-31-85. Total depth of the hole is 7728' and plugback depth is 7710'. Attempted to pressure test casing and it would not hold. Squeezed interval 4509'-4510' with 118 cu. ft. Class B. Pressure tested squeeze to 4000 psi for 30 minutes. Perforated the following intervals: 7548'-7558', 7576'-7590', 7600'-7620', 7636'-7642', 7660'-7682', 2 jspf, .37" in diameter, for a total of 144 holes. Fraced interval 7548'-7682' with 205,000 gal 30# crosslinked gel and 190,000# 20-40 mesh brady sand. Set a retrievable bridgeplug at 7525' and pressure tested to 3000 psi. Perforated the following intervals: 7390'-7406', 7476'-7492', 4 jspf, .37" in diameter, for a total of 128 holes. Fraced interval 7390'-7492' with 75,000 gal 70 quality foam and 100,000 # 20-40 mesh brady sand. Retrieved bridgeplug at 7525'. Released the rig on 8-24-85. Moved in and rigged up service unit on 8-26-85. Checked for fill and cleaned it out with nitrogen foam. Landed 2-3/8" tubing at 7669' and released the rig on 8-30-85.

RECEIVED

SEP 18 1985

OIL CON. DIV.
DIST. 3

hereby certify that the foregoing is true and correct

SIGNED

BS Shaw

TITLE

Adm. Supervisor

DATE

9-9-85

This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 13 1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
BY [Signature]

MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELLS

RECEIVED
SEP 20 1985
OIL CON. DIV.
DIST. 3

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Special		Test Date 9-9-85	
Company Amoco Production Co.		Connection El Paso Natural Gas Co.	
Pool Basin		Formation Dakota	
Completion Date 8-30-85		Total Depth 7728	Plug Back TD 7710
Elevation 6440 GL		Farm or Lease Name Annie L. Elliott GC "F"	
Coq. Size 4.500	Wt. 11.6	d 4.000	Set At 7728
Perforations: From 7390 To 7682		Well No. 1	
Thg. Size 2.375	Wt. 4.7	d 1.995	Set At 7669
Perforations: From open To ended		Unit Sec. Twp. Rge. F 14 29 9	
Type Well - Single - Brdenhead - G.C. or G.O. Multiple Single		Packer Set At None	County San Juan
Producing Thru tubing		Reservoir Temp. °F #	Mean Annual Temp. °F
Baro. Press. - P _a		State New Mexico	
L	H	Gg	% CO ₂ % N ₂ % H ₂ S Prover
Meter Run		Taps	

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	
SI	9 days						1281		2180	
1.	2.375	.750					112		1139	3 hrs
2.										
3.										
4.										
5.										

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor F _t	Gravity Factor F _g	Super Compress. Factor, F _{pv}	Rate of Flow Q, Mcfd
1	12.365		134	1.000	.9258	1.014	1555
2.							
3.							
4.							
5.							

NO.	P _r	Temp. °R	T _r	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
2.					Specific Gravity Separator Gas _____ X X X X X X X X
3.					Specific Gravity Flowing Fluid _____ X X X X X
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
5.					Critical Temperature _____ R _____ R

P _c 2192	P _c ² 4804864	(1) $\frac{P_c^2}{P_c^2 - P_w^2} = 1.3806$	(2) $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 1.2737$
NO.	P _i ²	P _w	P _w ²
1		1151	324801
2			
3			
4			
5			

Absolute Open Flow <u>1981</u> Mcfd @ 15.025		Angle of Slope \leftrightarrow _____	Slope, n <u>.75</u>
Remarks: <u>flared, lite H2O, Lite condensate</u>			

Approved by Division _____	Conducted By _____	Calculated By _____	Checked by _____
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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SF-080099

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

SEP 16 1985

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR

Amoco Production Co.

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1810' FNL X 1625' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6445' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

A.L. ELLIOTT GAS COM F.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SE/NW Sec 14 T29N R9W

12. COUNTY OR PARISH

13. STATE
NM

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The subject well was spudded with a 17-1/2" bit rather than a 12-1/4" bit as previously reported. A 12-1/4" bit was used after the surface casing was set. The rest of the casing and cementing program was correctly reported.

RECEIVED

SEP 19 1985

OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED

BBS Shaw

TITLE

Adm. Supervisor

DATE

Sept. 12 1985

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESER. ☐ Other ☐

2. NAME OF OPERATOR

Amoco Production Co.

BUREAU OF LAND MANAGEMENT

3. ADDRESS OF OPERATOR

FARMINGTON RESOURCE AREA

501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1810' FNL X 1625' FWL

At top prod. interval reported below same

At total depth same

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

San Juan

13. STATE

NM

15. DATE SPUDDED

06/27/85

16. DATE T.D. REACHED

07/26/85

17. DATE COMPL. (Ready to prod.)

08/31/85

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

6560' KB

19. ELEV. CASINGHEAD

6445' GR

20. TOTAL DEPTH, MD & TVD

7728'

21. PLUG BACK T.D., MD & TVD

7710'

22. IF MULTIPLE COMPL. HOW MANY*

single

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

7390'-7682' Dakota

25. WAS DIRECTIONAL SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

DIGL-GR-SP; CDL-DSN-GR-CAL

OIL CON. DIV.

27. WAS WELL CORED

NO

28. CASING RECORD (Report all strings set in well)

DIST. 3

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	48# H-40	247'	17-1/2"	531cf Class B	
7"	20# J-55	3000'	12-1/4"	1263cf Class B and 4	13cf Class B
4-1/2"	11.6# K-55	7728'	6-1/4"	118cf Class B and 13	6cf Class B
				153cf Class B and 59	cf Class B

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	7669'	

31. PERFORATION RECORD (Interval, size and number)

7548'-7558', 7576'-7590', 7600'-7620',
7636'-7642', 7660'-7682', 2jspf,
.37" dia, 144 holes, 7390'-7406',
7476'-7492', 4jspf, .37" dia, 128 holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4509'-4510'	118cf Class B
7548'-7682'	205000gal 30#XLink gel and 190000# 20-40 mesh brady sand
7390'-7492'	75000 gal quality foam and 100000# 20-40 mesh brady sand

33. PRODUCTION

DATE FIRST PRODUCTION 09/08/85
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) flowing
WELL STATUS (Producing or shut-in) shut-in

DATE OF TEST 09/09/85
HOURS TESTED 3
CHOKE SIZE .75"
PROD'N. FOR TEST PERIOD
OIL—BBL. GAS—MCF. 194
WATER—BBL. GAS-OIL RATIO

FLOW. TUBING PRESS. 112psig
CASINO PRESSURE 1139psig
CALCULATED 24-HOUR RATE
OIL—BBL. GAS—MCF. 1555
WATER—BBL. OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

To be sold

TEST WITNESSED BY

Joe. E. Hledge

35. LIST OF ATTACHMENTS

None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

BDS Shaw

TITLE Adm. Supervisor

FARATE

*(See Instructions and Spaces for Additional Data on Reverse Side) BY

NMOCC

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

38.

GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	TOP		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
CLIFFHOUSE	5028'	5076'	NOT LOGGED ABOVE THIS POINT			
MENEFEE	5076'	5290'				
POINT LOOKOUT	5290'	5460'				
GALLUP	6514'	6990'				
GREENHORN	7274'	7380'				
DAKOTA	7380'	TD				

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Co.

Address
501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

RECEIVED
SEP 16 1985
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name A.L. Elliott Gas Com	Well No. F 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF 080099
Location Unit Letter <u>F</u> : <u>1801</u> Feet From The <u>North</u> Line and <u>1625</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>29N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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"/> Permian Corporation <u>Permian (EN 9 / 1 / 87)</u>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702 Farmington NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
F 14 29N 9W	No

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.

BDS Shaw
(Signature)

Admin. Supervisor

Sept. 12, 1985

(Date)

OIL CONSERVATION DIVISION

SEP 19 1985

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			XX	XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
06/27/85	08/31/85		7728'		7710'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6445' GR	Dakota		7390'		7669'				
Perforations 548'-7558', 7576'-7590', 7600'-7620', 7636'-7642', 7660'-7682', 7390'-7406', 7476'-7492'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8" 48# H-40			247'		531 cf			
12-1/4"	7" 20# J-55			3000'		1676 cf			
6-1/4"	4-1/2" 11.6# K-55			7728'		466 cf			
	2-3/8"			7669'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Text 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 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
1555	3 hr		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	1281 psig	2180 psig	0.75"

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY		Well API No. 300452639900
Address P.O. BOX 800, DENVER, COLORADO 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 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 GNS COM F A L ELLIOTT	Well No. 1	Pool Name, including Formation BASIN DAKOTA (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter F	1810	Feet From The FNL	Line and 1625	Feet From The FWL
Section 14	Township 29N	Range 9W	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) 3535 EAST 30TH STREET, FARMINGTON, CO 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) 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?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, 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			

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	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (pilot, back pr.)	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
Doug W. Whaley, Staff Admin. Supervisor
Printed Name
Title
Date July 5, 1990
Telephone No. 303-830-4280

OIL CONSERVATION DIVISION

Date Approved JUL 11 1990
By [Signature]
Title SUPERVISOR DISTRICT #3

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT - " for such proposals

5. Lease Designation and Serial No.

SF - 080099

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

A.L. Elliott Gas Com. F 1

9. API Well No.

3004526399

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

San Juan

New Mexico

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

Attention:

Nancy I. Whitaker

3. Address and Telephone No.

P.O. Box 800, Denver, Colorado 80201

(303) 830-5039

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1810 FNL 1625 FWL F Sec. 14 T 29N R 9W

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other Well Servicing

- ☒ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

MIRUSU 8/26/96

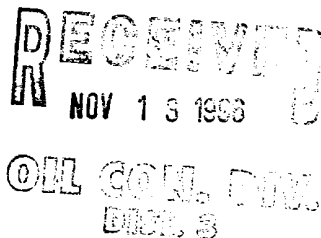
Nippled up tih from landing depth of 7672' and tag up at 7673'.

Cleaned out from 7673' to 7710' with bit and scraper and blow out scale and sand.

Ran guage ring of 1.906 to x nipple at 7668'.

Tested for 2 hours, FTP 30 psi.

RDMOSU 8/29/96



NOV 7 11:10:19
OIL CON. DIV.
FARMINGTON, NM

14. I hereby certify that the foregoing is true and correct.

Signed

Title

Staff Assistant

Date

11-06-1996

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

NOV 0 8 1996

ACCEPTED FOR RECORD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

FARMINGTON DISTRICT OFFICE

* See Instructions on Reverse Side

AMCO