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

Revised 10-1-78

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUN 23 1981
FARMINGTON
DISTRICT

DS	
GAS	
OE	
DF	
AS	

Operator: AMOCO PRODUCTION COMPANY

Address: 501 Airport Dr., Farmington, NM 87401

Reason(s) for filing (Check proper box)

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

Other (Please explain)

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

WF

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Totah Vista Gas Com	1E	Basin Dakota	State, Federal or Fee Fee	

Location

Unit Letter E : 2145 Feet From The North Line and 705 Feet From The West

Line of Section 22 Township 29N Range 13W , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒: Gary Energy Corp.

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

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒: 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 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	22	29N	13W	No	

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Re
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-21-81	4-25-81	5933'	5850'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5334' G.L.	Basin Dakota	5652'	5816'
Perforations			Depth Casing Shoe
5652'-5690', 5746'-5776', 5787'-5792', and 5801'-5809'			5933'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8" 32.3#	302'	350
7 7/8"	4 1/2" 10.5#	5933'	1310
	2 3/8"	5816'	

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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
2174	3 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1744 PSIG	1744 PSIG	.75"

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.

B D Shaw

Signature

Admin. Supervisor

11-1-84

Date

NOV 26 1984

OIL CON. DIV.
DIST. 3

OIL CONSERVATION COMMISSION

APPROVED NOV 26 1984, 19__

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 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