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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PERMITS OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR Amoco Production Company	
Address 501 Airport Dr., Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Add
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Gas Com "BP"	Well No. 1	Pool Name, including Formation Undesignated Chacra	Kind of Lease State, Federal or Fee Fee	Lease No. E-6513
Location Unit Letter <u>G</u> ; <u>1770</u> Feet From The <u>North</u> Line and <u>1740</u> Feet From The <u>East</u> Line of Section <u>32</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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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 Company	P. O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>32</u>
	Twp. <u>29N</u>	Rge. <u>9W</u>
	Is gas actually connected? <u>No</u> 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.
		<u>X</u>	<u>X</u>					
Date Spudded <u>10-17-81</u>	Date Compl. Ready to Prod. <u>12-23-81</u>		Total Depth <u>7220'</u>		P.B.T.D. <u>7176'</u>			
Elevations (D ₁ , RT, GR, etc.) <u>6150' GL</u>	Name of Producing Formation <u>Undesignated Chacra</u>		Top Oil/Gas Pay <u>3468'</u>		Tubing Depth <u>3625'</u>			
Perforations <u>3468'-3476', 3491'-3496', 3578'-3602'</u>					Depth Casing Shoe <u>7218'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2"</u>	<u>13-3/8"</u>		<u>308'</u>		<u>530 sx</u>			
<u>11"</u>	<u>8-5/8"</u>		<u>2879'</u>		<u>740 sx</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>7218'</u>		<u>1260 sx</u>			
	<u>1-1/4"</u>		<u>3625'</u>					

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 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 <u>1066</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF	Cavity of Reservoir
Testing Method (flow, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>877</u>	Casing Pressure (Shut-in) <u>877</u>	Choke Size <u>1.75"</u>

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 above is true and complete to the best of my knowledge and belief.

Original Signed By
B. E. EVOBODA

District Administrative Supervisor

MAR 10 1982

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT

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.