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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

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

I. Operator <u>Amoco Production Co.</u>		Well API No. <u>30-045-27538</u>
Address <u>P.O. Box 800, Denver, Co 80201</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" 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 type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Florange X</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Basin Fruitland Coal Gas</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF-078596A</u>
Location				
Unit Letter <u>A</u>	<u>1040</u>	Feet From The <u>North</u>	Line and <u>790</u>	Feet From The <u>East</u>
Section <u>18</u>	Township <u>30N</u>	Range <u>8W</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)					
<u>Amoco Production Co.</u>	<u>P.O. Box 800, Denver, Co 80201</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<u>Yes</u>	<u>11-20-90</u>

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>12/13/89</u>	Date Compl. Ready to Prod. <u>2-20-90</u>		Total Depth <u>3364'</u>		P.B.T.D. <u>3354'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6404' GR</u>	Name of Producing Formation <u>Fruitland Coal</u>		Top Oil/Gas Pay <u>2977'</u>		Tubing Depth <u>3126'</u>			
Perforations <u>2977' - 2988' 50 down, 44 slots open</u> <u>3014' - 3032' 72</u>		<u>3070' - 3077' 50 down, 28 slots open</u> <u>3091' - 3083' 16</u> <u>3116' - 3124' 32</u> <u>3144' - 3160' 48</u>		Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>9 5/8"</u>		<u>275'</u>		<u>250 sx Class B</u>			
<u>8 3/4"</u>	<u>7"</u>		<u>2938'</u>		<u>525 sx 65/36 po2</u>			
	<u>9 1/2"</u>		<u>3362'</u>		<u>100 sx C/45 B</u>			
	<u>2 3/8"</u>		<u>3126'</u>		<u>80 sx C/B</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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - bbls.	Water - bbls.
		<u>NOV 20 1990</u>

GAS WELL

Actual Prod. Test - MCF/D <u>283</u>	Length of Test <u>24</u>	lbbls. Condensate/MCF <u>Dist. 3</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure (Shut-in) <u>103</u>	Casing Pressure (Shut-in) <u>165</u>	Choke Size <u>1.125</u>

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
D. W. Whaley
Printed Name
D. W. Whaley
Date
11/16/90
Title
Staff Admin Supr
Telephone No.
(303) 830-4280

OIL CON. DIV	
Date Approved <u>11-19-90</u>	<u>NOV 19 1990</u>
By <u>[Signature]</u>	
Title <u>SUPERVISOR DISTRICT # 3</u>	

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-101 must be filed for each pool in multiply completed wells.