

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

Operator		Well API No.
Amoco Production Co.		30-045-28051
Address		
P. O. Box 800, Denver, CO 80201		
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

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Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Florance "Z"	3	Basin Fruitland Coal Gas	<del>State</del> , Federal <del>XXXX</del>	SF-078578
Location				
Unit Letter <u>G</u> : <u>1530'</u> Feet From The <u>N</u> Line and <u>1790'</u> Feet From The <u>E</u> Line				
Section <u>21</u> Township <u>30N</u> Range <u>8W</u> , <u>NMPM</u> , <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)	
Amoco Production Co.					P. O. Box 800, Denver, CO 80201	
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.				
8/21/90	12/21/90		2855'		2770'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
5792' GR 5809'	Fruitland Coal		2454'		2444'				
Perforations				Depth Casing Shoe					
See attached									
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		283'		210 sx C1 G				
7-7/8"	5-1/2"		2849'		(1st Stg) 100 sx C1 G				
	2-3/8"		2444'		tail w/ 200 sx G				
					(2nd Stg) 350 sx C1 G				

## 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.

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	libls. Condensate/M MCF	Gravity of Condensate
172	24	0	0
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flowing	90	620	48/64

## 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  Staff Admin. Supervisor  
Printed Name Date  
2/8/91 (303) 830-4280  
Date  Telephone No.

## OIL CONSERVATION DIVISION

Date Approved MAR 01 1991  
By *Barry J. Chang*  
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.

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Age Group	Percentage of Respondents
18-29	65%
30-49	75%
50-69	80%
70+	85%

*Fluorance Z*

Perf: 11/1/90

2454'-2472', W/4 JSPF, .46" diam., 72 shots open.

2514'-2518', W/4 JSPF, .46" diam., 16 shots open.

2551'-2561', W/4 JSPF, .46" diam., 40 shots open.

2575'-2586', W/4 JSPF, .46" diam., 44 shots open.

2591'-2593', W/4 JSPF, .46" diam., 8 shots open.

Perf: 11/2/90

2494'-2500', W/4 JSPF, .46" diam., 24 shots open.

Frac: 11/2/90: 2494'-2500'

Frac down casing with 219240 gal slick water, 15600# 40/70 sn, 148500# 20/40sn,  
flush with 50 BW, Air 89 BPM, AIP 4000psi.