

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.O.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

| | |
|--|--|
| Operator Amoco Production Company | |
| Address 501 Airport Drive, Farmington, NM 87401 | |
| Reason(s) for filing (Check proper box) | 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 Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|---|-----------------------|
| Lease Name Elliott Gas Com "H" | Well No. 1 | Pool Name, Including Formation Blanco Mesaverde | Kind of Lease State, Federal or Fee Federal | Lease No. SF-07813 |
| Location Unit Letter <u>B</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>30 N</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"/> | Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 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 990, Farmington, NM 87401 | |
| If well produces oil or liquids, give location of tanks. | Unit B | Sec. 26 |
| | Twp. 30N | Rge. 9W |

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 Restv. | Diff. Restv. |
| 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 Tanks | 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 | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

I. 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)

District Administrative Supervisor

(Title)

OIL CONSERVATION DIVISION

OCT 30, 1981

APPROVED _____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE _____

This form is to be filled 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 allow-
able on new and recompleted wells.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.