

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED		
DISTRIBUTION		
BANK A/C		
FILE		
U.S.G.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

Operator
Amoco Production Company

Address
501 Airport Drive, Farmington, NM. 87401

Reason(s) for filing (Check proper box)

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"/>

Other (Please explain)

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

1. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Elliott Gas Com "C"	1	Blanco Mesaverde	Federal	SF-078139

Location _____
Unit Letter G : 1650 Feet From The North Line and 1750 Feet From The East _____
Line of Section 9 Township 30N Range 9W , NMPM, San Juan County _____

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					P.O. Box 256, Farmington, NM 87401	
Giant Industries, Inc.						
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	9	30N	9W		

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

3. COMPLETION DATA

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.		
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

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

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

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

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.

0-1
E. 1. 1

(Signature)

District Administrative Supervisor

100

OIL CONSERVATION DIVISION

OCT 30 1981

APPROVED

BY,

SUPERVISOR OF TRUCK # 3

TITLE

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 III.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

II, III, and VI for the rate of growth of other factors, and of the rate of growth of the total factor input.