

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 AMOCO PRODUCTION COMPANY | Well API No. 30-045-11806 |
| Address P.O. BOX 800, DENVER, COLORADO 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

| | | | | |
|---|----------------|--|------------------------|----------------------|
| Lease Name STATE COM K | Well No. 11 | Pool Name, Including Formation Basin Fruitland Coal Gas | Kind of Lease State | Lease No. B-10870 |
| Location Unit Letter N : 990 Feet From The S Line and 1835 Feet From The W Line Section 16 Township 30N Range 9W, NMPM, San Juan 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) 87499 | | | | | |
| El Paso Gas | P.O. Box 4990, Farmington, NM | | | | | |
| 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 |
| | | XX | XX | | | | | |
| Date Spudded 8/24/66 | Date Compl. Ready to Prod. 1/30/92 | | Total Depth 2970' | | P.B.T.D. 2862' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6138 GR | Name of Producing Formation Fruitland Coal | | Top Oil/Gas Pay 2629' | | Tubing Depth 2735' | | | |
| Perforations Fruitland Coal 2777' - 2814', 2629 - 2890 | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" | | 127' | | 100SX CL C | | | |
| 7 7/8" | 3 1/2" | | 2966' | | 275 SX CL C | | | |
| | 1 1/4" | | 2735' | | (TOC @ 1400') | | | |

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 | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|---|----------------------------------|----------------------------------|------------------------------|
| Actual Prod. Test - MCF/D 50 | Length of Test 24 | Bbls. Condensate/MMCF -0- | Gravity of Condensate -0- |
| Testing Method (pilot, back pr.) Flowing | Tubing Pressure (Shut-in) 200 | Casing Pressure (Shut-in) 290 | Choke Size 24/64 |

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.

Cynthia Burton / *[Signature]*
Signature
Cynthia Burton, Staff Admin. Supervisor
Printed Name Title
Date 2/21/92 Telephone No. 303-830-4280

OIL CONSERVATION DIVISION

Date Approved FEB 24 1992
By *[Signature]*
SUPERVISOR DISTRICT #3
Title

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.