

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		Well API No.	
AMOCO PRODUCTION COMPANY		300456001400	
Address			
P.O. BOX 800, DENVER, COLORADO 80201			
Reason(s) for filing (Check proper box)			
<input type="checkbox"/> New Well	<input type="checkbox"/> Other (Please explain)		
<input type="checkbox"/> Recompletion	Change in Transporter of:		
<input type="checkbox"/> Change in Operator	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name QUINE GAS COM	Well No. 1	Pool Name, Including Formation BASIN DAKOTA (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <u>I</u> : <u>1700</u> Feet From The <u>FSL</u> Line and <u>1130</u> Feet From The <u>FEL</u> Line				
Section <u>31</u> Township <u>30N</u> Range <u>12W</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)	
MERIDIAN OIL INC.					3535 EAST 30TH STREET, FARMINGTON, CO. 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)	
EL PASO NATURAL GAS COMPANY					P.O. BOX 1492, EL PASO, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Soc.	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

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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									
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 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.	Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate Produced	Gravity of Condensate
Testing Method (rated, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

D. H. Bailey

Signature Doug W. Whaley, Staff Admin. Supervisor
Printed Name _____ Title _____
Date July 5, 1990 Telephone No. 303-830-4280

OIL CONSERVATION DIVISION

Date Approved JUL 11 1990

By Ben. Chang

Supervisor District 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.