

OIL CONSERVATION DIVISION

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

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

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. 3004521790 |
| Address P.O. BOX 800, DENVER, COLORADO 80201 | | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | NAME CHANGE - Florence # KA |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Change in Operator <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------|--|--------------------------|-----------------------|
| Lease Name FLORANCE GAS COM /J/ | Well No. 16A | Pool Name, Including Formation BLANCO (MESAVERDE) | Kind of Lease FEDERAL | Lease No. NM012201 |
| Location Unit Letter P : 825 Feet From The FSL Line and 1030 Feet From The FEL Line Section 6 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"/> GONOCO | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1429, BLOOMFIELD, NM 87413 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> SUNTERRA GAS GATHERING CO. | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1899, BLOOMFIELD, NM 87413 | |
| 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

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-------------------|----------|--------------|-----------|------------|------------|
| 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.) | | Producing Method (Flow, pump, gas lift, etc.) | |
| Date First New Oil Run To Tank | Date of Test | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | MCF |

| | | | | |
|----------------------------------|---------------------------|---------------------------|------------|-----------------------|
| GAS WELL | | Bbls. Condensate/MCF | | Gravity of Condensate |
| Actual Prod. Test - MCF/D | Length of Test | | | |
| Testing Method (pilot, 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. W. Whaley
Signature
Doug W. Whaley, Staff Admin. Supervisor
Title
October 22, 1990
Date
303-830-4280
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 29 1990
By *Burt D. Shoup*
Title SUPERVISOR DISTRICT 13

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.