

OIL CONSERVATION DIVISION

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

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

I.

Operator <u>Amoco Production Co.</u>	Well API No.
Address <u>2325 E 30th St, Farmington NM 87401</u>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <u>Pool Name Change</u>	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	<u>Case 9420 Order R-8768</u>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Florence</u>	Well No. <u>7A</u>	Pool Name, Including Formation <u>Basin Fruitland Coal Gas</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>SF-080130</u>
Location Unit Letter <u>F</u> : <u>1750</u> Feet From The <u>N</u> Line and <u>1590</u> Feet From The <u>W</u> Line Section <u>23</u> Township <u>30N</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"/> <u>Gary Energy Corp</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 159, Bloomfield NM 87413</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>Caller Service 4990, Farmington NM 87499</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Soc. <u>23</u>
	Twp. <u>30N</u>	Rge. <u>9W</u>
	Is gas actually connected? <u>Yes</u> When? <u>6-10-85</u>	

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.)

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. <u>MARI 4 1989</u>	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
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.

Signature B.D. Shaw Adm. Supv.  
Printed Name B.D. Shaw Title  
Date 3-6-89 Telephone No. (505) 325-8841

OIL CONSERVATION DIVISION

Date Approved MAR 14 1989  
By [Signature]  
Title SUPERVISION DISTRICT # 3

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.

All distances must be from the outer boundaries of the Section

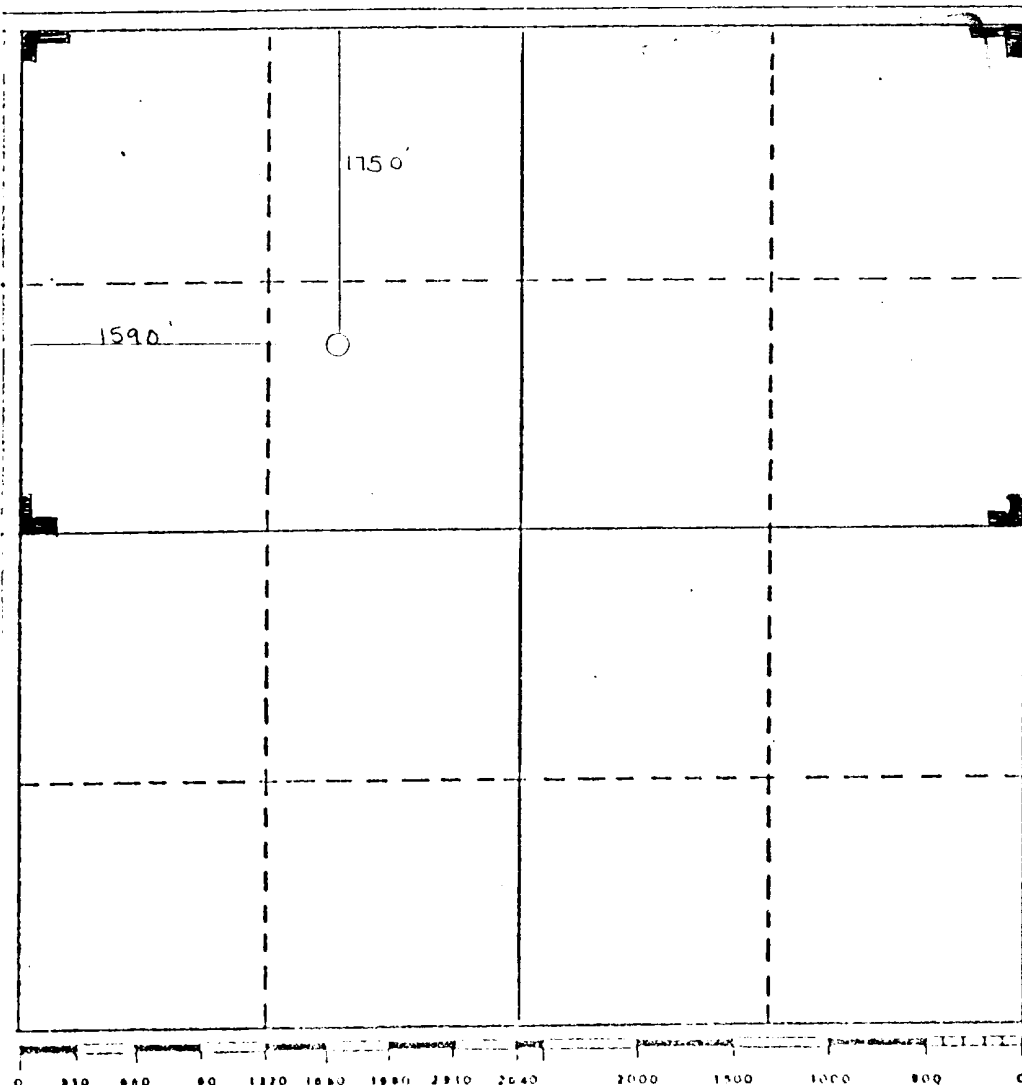
Operator <b>Amoco Production</b>		Lease <b>Florence</b>		Well No. <b>7A</b>
Unit Letter <b>F</b>	Section <b>23</b>	Township <b>30N</b>	Range <b>9W</b>	County <b>San Juan</b>
Actual Footage Location of Well:				
1750 feet from the <b>North</b> line and		1590 feet from the <b>West</b> line		
Ground Level Elev. <b>6082'</b>	Producing Formation <b>Fruitland</b>	Pool <b>Basin Fruitland Coal Gas</b>	Dedicated Acreage <b>320 N/2 Acres</b>	

1. Outline the acreage dedicated to the subject well by colored pencil or hatch marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*B. D. Shaw*

Name

**B. D. Shaw**

Position

**Adm Supv**

Company

**Amoco**

Date

**2-25-89**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

*on file*

Date Surveyed

Registered Professional Engineer  
and/or Land Surveyor

Certificate No.