

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Amoco Production Company Well API No.  
3004522152  
Address  
1670 Broadway, P. O. Box 800, Denver, Colorado 80201  
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐  
If change of operator give name and address of previous operator  
Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155

II. DESCRIPTION OF WELL AND LEASE

Lease Name  
FLORANCE Well No.  
20A Pool Name, Including Formation  
BLANCO (MESAVERDE) FEDERAL Lease No.  
SF078201  
Location  
Unit Letter J 1510 Feet From The FSL Line and 2334 Feet From The FEL Line  
Section 24 Township 30N Range 9W NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒  
CONOCO GLC 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 ☐ or Dry Gas ☒  
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 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
Date Spudded								
Date Compl. Ready to Prod.								
Elevations (D/F, R/B, RT, GR, etc.)								
Name of Producing Formation								
Perforations								

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.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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  
J. L. Hampton  
J. L. Hampton Sr. Staff Admin. Suprv.  
Printed Name  
Janaury 16, 1989  
Date  
303-830-5025  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 08 1989  
By [Signature]  
SUPERVISION 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.
- 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.