

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
AMOCO PRODUCTION COMPANY	
Address 501 Airport Drive, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott Gas Com R	Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078139
Location Unit Letter <u>C</u> : <u>800</u> Feet From The <u>North</u> Line and <u>1630</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>30N</u> Range <u>9W</u> , 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 checked="" type="checkbox"/> Plateau Incorporated	Address (Give address to which approved copy of this form is to be sent) 4775 Indian School Rd., N.E., Albuquerque, NM 87110
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>34</u> Twp. <u>30N</u> Rge. <u>9W</u> Is gas actually connected? <u>No.</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 9-24-80	Date Compl. Ready to Prod. 11-29-80	Total Depth 7133'	P.B.T.D. 7050'					
Elevations (DF, RKB, RT, GR, etc.) 5761' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6813'	Tubing Depth 6965'					
Perforations 6813-6847, 6932-6954			Depth Casing Shoe 7111'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 1/2"	9 5/8"	320'	315 sx					
8 3/4"	7"	2776'	750 sx					
6 1/2"	4 1/2"	7111'	430 sx					
	2 3/8"	6965'						

## VI. 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 Tanks	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 84	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1585	Casing Pressure (Shut-in) 1590	Choke Size .75"

## VII. 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.

Original Signed By  
E. E. SVOBODA

Dist. Admin. Supvr.

(Signature)

(Title)

1-23-81

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **Original Signed by FRANK T. CHAVEZ**  
SUPERVISOR DISTRICT # 3

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

AMOCO PRODUCTION COMPANY  
ELLIOTT GAS COM R #1E

<u>DEPTH</u>	<u>DEVIATION</u>
322	3/4
1315	
2776	1/4
3302	
3799	
4167	
4656	
5058	3/4
5525	3/4
6020	3/4
6610	3/4
7133	



THIS IS TO CERTIFY that to the best of my knowledge the above  
tabulation details the deviation tests taken on AMOCO PRODUCTION  
COMPANY'S

ELLIOTT GAS COM R #1E - Section 34 T30N R9W

Signed J. J. Shobda  
Title Dist. Admin. Supvr.

THE STATE OF NEW MEXICO) ) SS.  
COUNTY OF SAN JUAN )

BEFORE ME, the undersigned authority, on this day personally appeared E. E. Svoboda known to me to be Dist. Admin. Supvr. for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said  
County and State this 23rd day of January, 1981.

Eleanor P. Brown  
Notary Public

My Commission Expires: December 28, 1983