## ERGY AND MINERALS LA PROPERTIES LETTER DATABOUTION SANTA PE PILE U.S.O.S. LAND OFFICE TRANSPORTER OIL GAS

## P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

,	PROPATION OFFICE	AUTHO	DRIZATR	ON TO TRANS	PORT UIL AND NAT	UKAL GAS		
•	Operator							
	Amoco Production Company							
	Address  FOR Advance Dr. Formington NM 97/01							
	501 Airport Dr., Farmington, NM 87401  Reason(s) for filing (Check proper box)  Other (Please explain)							
	New Well X Change in Transporter of:							
	Recompletion Oil Dry Gas							
	Change in Ownership Casinghead Gas Condensate Candensate							
	If change of ownership give name							
	and address of previous owner		<del></del>			<del></del>		<del></del>
	DECORPTION OF WELL AND	A FOACE						
Ц.	DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Including F			ormation	Kind of Leas	0	Lease No.	
	McCoy Gas Com "D"	1E		Basin Dako	ota State, Federa		lorFee Fee	
	Location							
	Unit Letter E : 1600 Feet From The North Line and 1230 Feet From The West							
	Line of Section 28 Township 30N Range 12W NMPM, San Juan County							
	Line of Section 20 To	ownanip	3011	Nange	, KMP	ívi,		County
Ш.	DESIGNATION OF TRANSPOR	RTER OF OF	L AND :	NATURAL GA	S			
	Name of Authorized Transporter of Oil or Condensate X				Address (Give address to which approved copy of this form is to be sent)			
	Plateau, Inc.				P. O. Box 26251, Albuquerque, NM 87125			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas \(\Bar{\Bar{A}}\) El Paso Natural Gas Company				Address (Give address to which approved copy of this form is to be sent)  P. O. Box 990, Farmington, NM 87401			
	Unit Sec. Twp. Rge.				Is gas actually connected? When			
	If well produces oil or liquids, give location of tanks.	, .	28:	30N 12W	No			
	If this production is commingled w	ith that from a	anv other	lease or pool.	give commingling ord	er number:		
	COMPLETION DATA							-1- Inut 5 -1
	Designate Type of Complet		Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v, Diff. Res'v.
	Date Spudded	Date Compl.	Ready to	i	Total Depth		P.B.T.D.	
	11-21-81		6-82		6	387 <b>†</b>	6344'	
	Elevations (Dh 3, RT, GR, etc.)	Name of Pro	-		Top Oil/Gas Pay	1.601	Tubing Depth	
	5524' GL Basin Dakota				6160'		6260 Depth Casing Shoe	
	Perforations 6160'-6168', 6226'-6256'						6387 t	
	TUBING, CASING, AND				CEMENTING RECO	RD	J.,	
	HOLE SIZE			ING SIZE	DEPTH SET		SACKS CEMENT	
	12-1/4"	8-	5/8"		327'		430 sx	
	7-7/8"		4-1/2"		6387 <b>'</b>		2225 sx	
		2-	2-3/8"		6	260 <b>'</b>	ļ	
l	THE DATE AND PROVINCE FOR ALLOWARIE (T							
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)							szcesa top attow
	Date First New Oil Run To Tanks	Date of Test			Producing Method (Flow, pumps of lift,			
	Length of Test	Tubing Pres	Tubing Pressure		Casing Pressure	/ hlum	Chake Si	
	Actual Prod. During Test	Oil-Bhla.			Water - Bbls.	MAR 1	4982cF	
ļ	•					MAIL	CUM.	
					4	OIL CON	т. 3	
	GAS WELL Actual Frod. Test-MCF/D Length of Test				Inus Garden Book		Granty of Condensate	
	Actual Prod. Test-MCF/D 715	1 -	hours		Bbls. Condensate/MMC	SA:	Growthy of Condensel	v
}	Testing hiethod (pitat, back pr.)	Tubing Pres		t-in)	Casing Pressure (Shu	t-in)	Choke Size	
	Back Pressure	14	18 ps:	g	1	678 psig	.75"	
V1.	CERTIFICATE OF COMPLIAN	ICE			OIL 10	<b>OND</b> ERVAT	DIVISION	
	hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given have is true and complete to the beat of my knowledge and belief.  Original Signed By  E. E. SVOBODA				1	iuir TTI		40
					APPROVED			
					TITLE			
								E 1104.
					This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
-	(Sign		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.					
	District Administrati		All sections o	f this form mu	at be filled out compl-			
-	MAR 1 0 1982 (T	irts)			able on new and recompleted walls.			
	MHV TO 190"	Fill out only Sections I, II, III, and VI for changes of owner,						

(Date)

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.