

DISTRIBUTION	
SANTA FE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	SAB
OPERATOR	
PRODUCTION OFFICE	

● () 14 () 2 1 1 1 1

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AS MAY 23 1985

Operator	Amoco Production Co.		<div style="font-size: 1.5em; font-weight: bold;">OIL CON. DIV.</div> <div style="font-size: 1.5em; font-weight: bold;">DIST. 3</div>
Address	501 Airport Drive, Farmington, N M 87401		
Reason(s) for filing (Check proper box)			Other (Please explain)
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership </div> <div style="width: 45%;"> Change in Transporter of: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> casinghead Gas <input type="checkbox"/> Condensate </div> </div> </div>			

If change of ownership give name
and address of previous owner _____

Lease Name Quine Gas Com	Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Free	Lease No. Free
Location Unit Letter <u>K</u> : <u>1510</u> Feet From The <u>South</u> Line and <u>1940</u> Feet From The <u>West</u> Line of Section <u>31</u> Township <u>30N</u> Range <u>12W</u> NMPM, San Juan County				

Name of Authorized Transporter of Oil <input type="checkbox"/> Permian <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Permian Corporation					P.O. Box 1702, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					P.O. Box 990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	Is gas actually connected?	When
	K	31	30N	12W	NO	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

BD Shaw

Adm. Supervisor

5-21-85

Signature

(T41a)

10-10-1

OIL CONSERVATION DIVISION

5-31-85
APPROVED

MAY 1 1995

BY

Original Signed by FRANK T. CHAVEZ

TITL#

SUPERVISOR DISTRICT # 3

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 III.

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.

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Conversion	Plug Back	Surface Reentry	Other
			X	X					
Date Drilled 3-16-85	Date Compl. Ready to Prod. 4-17-85	Total Depth 6315'		<div style="text-align: right;"> RECEIVED MAY 23 1985 6276 OIL & GAS DIV. DIST. 3 </div>					
Perforations (DF, RKB, RT, CR, etc.) 5455' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6020'							
Perforations 6020'-6034', 6099'-6126', 6140'-6160', 6186'-6196'							Depth Casing Shoe 6315'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24#, K55	376'	325 cf
7-7/8"	4-1/2", 11.6#, K55	6315'	1603 cf
	2 3/8"	6200'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top of hole 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 **	Length of Test 3 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.) Back Pressure	Tubing Pressure (Shut-In) 1145 psig	Casing Pressure (Shut-In) 1955 psig	Choke Size

**Flow for mcf/d was not conducted to due housing in area