

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

Operator Amoco Production Company		Well API No. 30-045-27016
Address P.O. Box 800, Denver, Co 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pritchard	Well No. 10	Pool Name, Including Formation Basin Fruitland Coal Gas	Kind of Lease State; Federal or Fee	Lease No. NM 013686
Location Unit Letter G : 1800 Feet From The East Line and 1730 Feet From The North Line Section 1 Township 30N Range 9W , NM PM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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)					
Amoco Production Co	P.O. Box 800, Denver, Co 80201					
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
		X	X					
Date Spudded 5/17/89	Date Compl. Ready to Prod. 8/29/89		Total Depth 3291'		P.B.T.D. 3287'			
Elevations (DF, RKB, RT, GR, etc.) 6324' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2950'		Tubing Depth 2937'			
Perforations See Attached					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		372'		360 cu ft. Cl. B, 270 Ca. Cl. 2			
8 3/4"	7"		2774'		541 cu ft. Cl. G, 115 cu ft. fail			
	4 1/2"		3289'		150 sx			
	2 3/8"		2937'					

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 - M

RECEIVED
NOV 26 1990

GAS WELL

Actual Prod. Test - MCF/D 187	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 15	Casing Pressure (Shut-in) 200	Choke Size .50

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 **D. W. Whaley**
Printed Name **D. W. Whaley**
Date **11/21/90**
Title **STAFF Admin Supvr**
Telephone No. **(303) 830-4280**

OIL CONSERVATION DIVISION

Date Approved **NOV 26 1990**
By **James J. Shum**
Title **SUPERVISOR 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.

Pritchard A #10

Perforations: 8-19-89

2950'-2962'	W/4 JSPF, .50 in diam,	84 shots open,
2971'-2980'	"	56 "
3019'-3035'	"	64 "
3057'-3071'	"	36 "
3114'-3135'	"	48 "

Acidize: 8-20-89

Acidize with 4650 gal. 15% HCL.

Trac: 8-21-89

Trac down casing with 58000 gal 30# x-linked gel,
28000# 40/70 SN, 333400# 12/20 SN.

Flush with 107 BBL. AIR 55 BPM, AIP 2600 psi.