

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Amoco Production Co.</b>	Well API No. <b>30-045-27381</b>
Address <b>P. O. Box 800, Denver, CO 80201</b>	
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 <b>Florance "U"</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Basin Fruitland Coal Gas</b>	Kind of Lease <del>State</del> , Federal <del>State</del>	Lease No. <b>SF-080005</b>
Location Unit Letter <b>M</b> : <b>810'</b> Feet From The <b>S</b> Line and <b>1280'</b> Feet From The <b>W</b> Line Section <b>23</b> Township <b>30N</b> Range <b>9W</b> , NMPM, <b>San Juan</b> 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)	
<b>Amoco Production Co.</b>	<b>P. O. Box 800, Denver, CO 80201</b>	
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 <b>7/6/90</b>	Date Compl. Ready to Prod. <b>11/2/90</b>		Total Depth <b>2989'</b>		P.B.T.D. <b>2895'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>6054'</b>	Name of Producing Formation <b>Fruitland Coal</b>		Top Oil/Gas Pay <b>2573'</b>		Tubing Depth <b>2560'</b>			
Perforations <b>See Attached</b>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>9-5/8"</b>		<b>271'</b>		<b>205 SX C1 B</b>			
<b>8-3/4"</b>	<b>5-1/4"</b>		<b>2960' 2967'</b>		<b>(1st Stg) 300 SX C1 B, Tail</b>			
	<b>2-3/8"</b>		<b>2560'</b>		<b>w/ 220 SX C1 B,</b>			
					<b>(2nd Stg) 450 SX C1 B Tail w/</b>			
					<b>40 SX C1 B</b>			

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D <b>24</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF <b>0</b>	Qty of Condensate <b>0</b>
Testing Method (pilot, back pr.) <b>Flowing</b>	Tubing Pressure (Shut-in) <b>20</b>	Casing Pressure (Shut-in) <b>460</b>	Choke Size <b>1"</b>

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, Staff Admin. Supervisor**  
Date **2/9/91** Telephone No. **(303) 830-4280**

OIL CONSERVATION DIVISION

Date Approved **MAR 01 1991**  
By **Brian 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, number, transporter, or other such changes.
- 4) Separate Form C-101 must be filed for each pool in multiply completed wells.



*Florance U*

Perf: 10/10/90

2709'-2713', W/4 JSPF, .5" diam., 16 shots open.  
2658'-2662', W/4 JSPF, .5" diam., 16 shots open.  
2637'-2646', W/4 JSPF, .5" diam., 36 shots open.  
2682'-2691', W/4 JSPF, .5" diam., 36 shots open.

Frac: 10/10/90

Frac down casing with 108660 gal fresh water, 7800# 40/70 sn,  
80200# 20/40 sn, AIR 65 BPM, AIP 2150psi.

Perf: 10/11/90

2573'-2575', W/4 JSPF, .5" diam., 8 shots open.  
2580'-2588', W/4 JSPF, .5" diam., 32 shots open.  
2590'-2598', W/4 JSPF, .5" diam., 32 shots open.  
2608'-2612', W/4 JSPF, .5" diam., 16 shots open.  
2616'-2618', W/4 JSPF, .5" diam., 8 shots open.

Frac: 10/12/90

Frac down casing with 100000 gal fresh water, 7500# 40/70 sn,  
50050# 20/40 sn, AIR 60 BPM, AIP 2195psi.