

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Co.	Well API No. 30-045-27413
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 FLORANCE M	Well No. 3	Pool Name, Including Formation BASIN Fruitland Coal Gas	Kind of Lease State, Federal or Fee	Lease No. SF078316
Location				
Unit Letter H	: 1730	Feet From The North	Line and 1290	Feet From The East Line
Section 5	Township 30N	Range 9W	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 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? Yes 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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 7/14/89	Date Compl. Ready to Prod. 10/24/89	Total Depth 3272'	P.B.T.D. 3160'					
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay	Tubing Depth 2777'					
Perforations See Attached	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4" 8 3/4"	CASING & TUBING SIZE 9 5/8" 7" 5 1/2" 3 1/2"		DEPTH SET 280' 2718' 3169' 2777'		SACKS CEMENT 275 sx Class B 475 sx Howco lite 100 sx Class B tail 150 sx			

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 -	CMCF
		RECEIVED NOV 20 1990	

GAS WELL

Actual Prod. Test - MCF/D 237	Length of Test 24	Bbls. Condensate/MCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Static) 83	Casing Pressure (Static) 188	Choke Size 21/64

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
11/19/90
Staff Admin Super
(303) 830-4280
Telephone No.

OIL CON. DIV
DIST. ?

OIL CONSERVATION DIVISION
NOV 19 1990
Date Approved
By
Title
SUPERVISOR DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.