Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICE II P.O. Drawer DD, Antesia, NM 88210

Energy, Minerals and Hatural Resources Department

Santa Fe, New Mexico 87504-2088

P.O. Box 2088

OIL CONSERVATION DIVISION

Revised 1/1-89 See Instructions at Buttom of Page

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST	FOR ALLOWA	ABLE AND /	\UTHORIZA	TION	, j			
I. TO TRANSPORT OIL AND NATU						:r cr			
)perator				Well API No.					
Amoco Production Co.			30-	045-27416					
P. O. Box 800, Denve	er. CO 8020	1							
Reason(s) for Filing (Check proper box)			Oth	ct (Please explain))				
New Well X	•	e in Transporter of:	1						
Recompletion	Oil Casinghead Gas	Car Dij one	1						
Change in Operator L	Casinghead Gas	[_] Concensate [_	.1						
II. DESCRIPTION OF WEL	LANDIEASE			z.*					
Lease Name	ease Name Well No. Pool Name, Includi			3.0		Kind of Lease Lease No.			
Florance R	ince R 4 Basin Fru		uitland Co)al Gas	S(Me) I	*** Federal **** SF - 080004			
Location			C	1720			1.1		
Unit Letter N	<u> 1010 '</u>		-	ne and1730			W	Line	
Section 14 Town	ship 30N	Range 9W	, N	MľM,	San Jua	<u>.n</u>		County	
III. DESIGNATION OF TRA	ANSPORTER OF	OIL AND NAT	TURAL GAS			ann af this for	is to be seed	, 	
Name of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Diy Gas				Address (Give address to which approved copy of this form is to be sent)					
Amoco Production Co			Box 800,			1			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. R	lge. Is gas actual	ly connected?	When	7	***		
If this production is commingled with the	iat from any other lea-	se or pool, give comm	ningling order nun	ıber:					
IV. COMPLETION DATA	Lou	Well G26 Wel	1 2/201/11/21	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion		Well Gas Wel	1 X	Workover	Deepen 1	ling pack [5	ine Kes i		
Date Spudded	Date Compl. Re-	dy to Prod.	Total Depth			P.B.T.D.			
7/13/90	10/23/9			Top Oil/Gas Pay			3005 '		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		2601'		Tubing Depth 2715			
6095' GR Fruitland Coal				1 2001			Depth Casing Shoe		
See Attached			,	wid proppr				· · · · · · · · · · · · · · · · · · ·	
UOLE O. (E		NG, CASING AI	ND CEMENT	DEPTH SET) 	SACKS CEMENT			
HOLE SIZE 12-1/4"		CASING & TUBING SIZE 8-5/8"		-		180 SXS C1 B			
7-7/8"				262 3047 <u>'</u>			(1st Stg) 210 SX Cl B, Tail		
1110		1/2" 3/8"		<u>2715'</u>		w/ 200 SXS Cl (2nd Stg) 300 SX Cl B, Tail v			
V. TEST DATA AND REQU	 RST FOR ALL	OWARLE				60 SX CT B			
OIL WELL (Test must be aft	ter recovery of total vo	olume of load oil and	must be equal to c	or exceed top allor	wible for this		2 200	<u> </u>	
Date First New Oil Run To Tank	Date of Test		Producing N	Method (Flow, pur	74. D).	EGEI	AE	U)	
Length of Test	Tubing Pressure		Casing Pres	sure	עע	Choke Size MAR 01 1991			
Actual Prod. During Test	Oil - Bbls.		Water - Bbl	Water - Dbls.			Gas-MCCAL DIV.		
•							DIST. 3		
GAS WELL						יוכוטי.	· }		
Actual Frod. Test - MCF/D	Length of Test		Iblis. Cond	ensate/MMCF		Gravity of Con	_ \		
147		24 Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure	(onut-in)	Casing Pres	400		CHOKE SIZE	ן" ,		
Flowing		ON ADLIANCE						\	
VI. OPERATOR CERTIL				OIL CON	ISERV	ATION D	IVISIC	N	
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	Da	Date Approved MAR 0 1 1991							
N/LHG									
Signature D. W. Whaley, Staf	f Admin Sur	nervisor	— Ву		-6-	C). Ell			
Printed Name		Title	Titl	le	SUPER	IVISOR DIS	TRICT	/3	
2/9/91 (303) 830-4280				THIC					

Telephone No. INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C 104 must be filed for each pool in multiply completed wells.

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Perf: 10/7/90
2601'-2603', W/4 JSPF, .45" diam., 8 shots open.
2610'-2612', W/4 JSPF, .45" diam., 8 shots open.
2617'-2621', W/4 JSPF, .45" diam., 16 shots open.
2691'-2700', W/4 JSPF, .45" diam., 36 shots open.
2703'-2707', W/4 JSPF, .45" diam., 16 shots open.
2723'-2727', W/4 JSPF, .45" diam., 16 shots open.
2733'-2736', W/4 JSPF, .45" diam., 12 shots open.
2769'-2774', W/4 JSPF, .45" diam., 12 shots open.
2817'-2820', W/4 JSPF, .45" diam., 12 shots open.
10/9/90
Frac down casing with 158000 gals Fresh Water, 10800# 40/70 sn,
97200# 20/40 sn, AIP 2390psi, AIR 74 BPM.
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