

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 Amoco Production Company	Well API No. 30-045-27486
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	

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JAN 11 1990
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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit	Well No. 102	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF-078386
Location				
Unit Letter D	830	Feet From The North	Line and 1090	Feet From The West Line
Section 17	Township 31N	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)			
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?	When ?			
yes	12/89			

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 10/8/89	Date Compl. Ready to Prod. 12/20/89		Total Depth 3549'	P.B.T.D. 3510'				
Elevations (DF, RKB, RT, GR, etc.) 6524' GR	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3364'	Tubing Depth				
Perforations 3364' - 3388', 3416' - 3428'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4"	8 5/8" 24#		265			250		
7 7/8"	4 1/2" 11.6#		3549			793 sxlead, tajl w/ 265 SX		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of liquid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

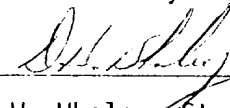
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, go, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2290	Length of Test 8 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) flowing	Tubing Pressure (Working) Flowing	Casing Pressure XXXX Flowing	Choke Size 2 inch
	76	341	

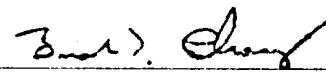
VI. OPERATOR CERTIFICATE OF COMPLIANCE

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 
Printed Name **Doug W. Whaley** Staff Admin. Supervisor
Date **1/5/90** Telephone No. **(303) 830-4280**

OIL CONSERVATION DIVISION

FEB 22 1990

Date Approved _____
By 
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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

TABULATION OF DEVIATION TESTS

* * AMOCO PRODUCTION COMPANY * *

<u>DEPTH</u>	<u>DEVIATION</u>
240'	.50
760'	.50
1263'	.50
1755'	.50
2311'	.75
2790'	.75
3301'	.75
3562'	.75

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 DIST. 3

THIS IS TO CERTIFY that to the best of my knowledge, the above tabulation details the deviation tests taken on AMOCO PRODUCTION COMPANY'S

*San Juan 32-9 Unit #102
 SW/NW Sec. 17, T31N, R9W
 San Juan County, New Mexico*

Signed *Al Burton*
 Title *SR. Admin. Analyst*

THE STATE OF COLORADO)
) SS.
 COUNTY OF DENVER)

BEFORE ME, the undersigned authority, on this day personally appeared *Cindy Burton* known to me to be *SR.* *Admin Analyst* for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this *16* day of *February*, 19 *90*.

Julie A. Veiter
 Notary Public

My Commission Expires: *11-7-90*

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078386

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME
San Juan 32-9 Unit

2. NAME OF OPERATOR
Amoco Production Company ATTN: J.L. HAMPTON

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR
P. O. Box 800 Denver, Colorado 80201

9. WELL NO.
102

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT
Blanco/Pictured Cliffs

830' FNL, 1090' FWL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T31N, R9W

14. PERMIT NO. API

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6529' GR.

12. COUNTY OR PARISH 13. STATE
San Juan NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud and set casing <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED WORK: Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.*

Spud a 12 1/4" surface hole on 10/8/89 at 15:00 hrs. Drilled to 265'.

Set 8 5/8" 20# H-40 STFC surface casing at 265'. Cemented with 250 SX CLB. Circulated 13 BBLs to the surface. Pressure tested casing to 1500 psi. Drilled a 7 7/8" hole to a TD of 3562' on 10/12/89. Set 4 1/2" 11.6# K55 LTFC production casing at 3549'. Cemented with 793 SX CLB lead, tail w/ 265 SX CLB (lost circ. 227 BBL of 243). Circulated BBLs good cement to the surface. *See below*

Rig Released at 1700 hrs. on 10/12/89.

Cement bond showed 100% cement bond from 3510' - 2120'. Free casing from 2120' to surface. 12/16/89 did a cement squeeze by perf. w/ 4 JSPF from 2100' - 2101'. Pumped 600 SX 65/35 poz. Tailed with 100 SX C.G. Neat. Circulated 51 BBL to surface. (Therefore, cemented to surface.)

18. I hereby certify that the foregoing is true and correct
SIGNED J. Hampton/ceb TITLE Sr. Staff Admin. Supv. DATE 12/21/89

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Jmm

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved by
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Amoco Production Company Attn: John Hampton

3. ADDRESS OF OPERATOR
P.O. Box 800, Denver, Colorado 80201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
830' FNL, 1090' FWL

14. PERMIT NO. API

15. ELEVATIONS (Show whether OF, AT, GR, etc.)
6524' GR

5. LEASE DESIGNATION AND SERIAL NO.
SF-078386

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 32-9 Unit

8. FARM OR LEASE NAME

9. WELL NO.
102

10. FIELD AND POOL, OR WILDCAT
Blanco/Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T31N, R9W

12. COUNTY OR PARISH 13. STATE
San Juan NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FILL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>perf/frac</u> <input checked="" type="checkbox"/>	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

perforate 11/29/89

3364' - 3388' w/4 JSPPF, .41 in diam., 96 shots, open.

3416' - 3428' " " " " , 48 shots, open

frac down casing with 33894 gal. 40# gel
1185696 scf N2
147000# 12/20 sm.
AIR 40 BPM, AIP 1560 psi.

REBOY 1990
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED J Hampton/ceb TITLE Sr. Staff Admin. Supr. DATE 1/10/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

SNW

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

6. LEASE DESIGNATION AND SERIAL NO.

SF-078386

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 32-9 Unit

8. FARM OR LEASE NAME

9. WELL NO.

102

10. FIELD AND POOL, OR WILDCAT

Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 17, T31N, R9W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other

b. TYPE OF COMPLETION: NEW WELL WHOLE OVER DEEP-EN PLUG BACK DIFF. REVR. Other

2. NAME OF OPERATOR

Amoco Production Company ATTN: J.L. HAMPTON

3. ADDRESS OF OPERATOR

P. O. Box 800 Denver, Colorado 80201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 830' FNL, 1090' FWL

At top prod. interval reported below

At total depth

14. PERMITS NO. API DATE ISSUED
30-045-27486 | 9/26/89

15. DATE SPUDDED 10/8/89

16. DATE T.D. REACHED 10/12/89

17. DATE COMPL. (Ready to prod.) 12/11/89

18. ELEVATIONS (OF, RKB, RT, OR, ETC)* 6524' GR

19. ELEV. CASING HEAD

20. TOTAL DEPTH, MD & TVD 3549'

21. FLUG. BACK T.D., MD & TVD 3510'

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

Pictured Cliffs 3364'-3428'

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

DIL/SP/GR; microlog, FDC/GR/CNL

27. WAS WELL CORED

yes.

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	20#	265	12 1/4"	250SxCLB	Ø
4 1/2"	11.6#	3562'	7 7/8"	193SxCLB lead 265SxCLB tail	Ø

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	3437'	

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

3364'-3388' w/4 JSPP, 4 1/2 in., 96 shots, open
3416'-3428' " " " 48 shots, open

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3364'-3428'	frac dn. coq w/ 33894 gal. 40# gel, 1,185,696 scf N2 147000# 12/20 SN, AIR 40 BPM AIP 1560 psi.

33. PRODUCTION

DATE FIRST PRODUCTION 12/19/89

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) flowing

WELL STATUS (Producing or shut-in) SI waiting on pipeline

DATE OF TEST 12/11/89

HOURS TESTED 24

CHOKER SIZE 2"

PROD. FOR TEST PERIOD

OIL—BBL. Ø

GAS—MCF. 2290

WATER—BBL. Ø

GAS-OIL RATIO pipeline

FLOW. TUBING PRESS. 76

CASING PRESSURE 341

CALCULATED 24-HOUR RATE

OIL—BBL. Ø

GAS—MCF. 2290

WATER—BBL. Ø

OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) to be sold

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED J.L. Hampton / J.L. Hampton

TITLE Sr. Staff

Admin. Supervisor

DATE 1/10/90

*(See Instructions and Spaces for Additional Data on Reverse Side)

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MAY 13 1990
OIL CON. DIV.
DIST. OF

San Juan 32-9 Unit # 102

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

38.

GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				Godlammo	2105'	
				Fruitland	2956'	
				Pictured cliffs	3364'	