

DISTRICT II  
P.O. Drawer 00, Artesia, NM 88210

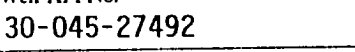
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## 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 <b>Amoco Production Company</b>		Well API No. <b>30-045-27492</b>
Address <b>P. O. Box 800, Denver, CO 80201</b>		
Reason(s) for filing (Check proper box)		
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>San Juan 32-9 Unit</b>		Well No. <b>101</b>	Pool Name, Including Formation <b>Blanco Pictured Cliffs</b>	Kind of Lease State, Federal or Fee	Lease No. <b>SF078438</b>
Location Unit Letter <b>E</b> : <b>1710</b> Feet From The <b>North</b> Line and <b>1120</b> Feet From The <b>West</b> Line Section <b>8</b> Township <b>31N</b> Range <b>9W</b> , <b>NMPM</b> , <b>San Juan</b> County					

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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? Yes	When? 12/89

If this production is commingled with that from any other lease or pool, give commingling order number:

#### IV. COMPLETION DATA

V. 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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
10/1/89	11/6/89		3666'			3628'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6688' GR	Pictured Cliffs		3540'			3250'			
Perforations						Depth Casing Shoe			
3540 - 3560									
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8" 28#		265'		210			
7 7/8"		4 1/2" 11/6#		3664		995			
		2 3/8		3250					

## V. TEST DATA AND REQUEST FOR ALLOWABLE

W. TEST DATA AND REQUEST FOR ALLOWANCE  
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>1240</b>	Length of Test <b>24 Hours</b>	Bbls. Condensate/MMCF <b>0</b>	Dist. of Condensate <b>0</b>
Testing Method (pilot, back pr.) <b>Flowing</b>	Tubing Pressure (Shut-in) <b>274</b>	Casing Pressure (Shut-in) <b>372</b>	Choke Size <b>1.375</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 Doug W. Whaley, St. Adm. Spvr.

Printed Name 1/5/90 (303) 830-4280 Title

Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION

JAN 22 1990

Date Approved \_\_\_\_\_

By

SUPERVISOR DISTRICT #3

Title

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

- 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.