

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company	Well API No. 30-045-2754
Address P. O. Box 800, Denver, CO 80201	
Reason(s) for Filing (Check proper box) <div style="float: right; text-align: right;"> <input type="checkbox"/> Other (Please explain) </div>	
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 _____	

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State , Federal XXXX	Lease No.
Florance 114 114	2	Basin Fruitland Coal Gas	State , Federal XXXX	SE-078336
Location				
Unit Letter <u>L</u> : <u>980</u> Feet From The <u>West</u> Line and <u>2390</u> Feet From The <u>South</u> Line				
Section <u>11</u> Township <u>30N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County				

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 Company					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? No <u>yes</u>	When? <u>12-12-90</u>
If this production is commingled with that from any other lease or pool, give commingling order number:						

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/28/89	Date Compl. Ready to Prod. 2/7/90		X	X					
Elevations (DF, RKB, RT, GR, etc.) 6023' GR	Name of Producing Formation Fruitland Coal	Total Depth 2800				P.B.T.D. Surface			
		Top Oil/Gas Pay 2569'				Tubing Depth 2565'			
Perforations Open Hole Completion - no perfs or fracs						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT			
12-1/4"	9-5/8"	268'				235 SX Class B			
8-3/4"	7"	2569'				450 SX 65/35 POC 550			
	2-3/8"	2565'				100 SX Class B Tail			

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

Actual Prod. Test - MCF/D 1206	Length of Test 24	Bbls. Condensed With F DIST. 3	Gravity of Condensate DIST. 3
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 318	Casing Pressure (Shut-in) 642	Choke Size Open

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.

Dr. H. H. H. H.

Signature D. W. Whaley, Staff Admin. Supervisor

Printed Name
Title

Date 10/18/90 (303) 830-4280 Telephone No.

OIL CONSERVATION DIVISION

JUN 05 1991

Date Approved JUN 05 1951

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT # 3

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- 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.