

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-101
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company		Well API No. 30-045-27787
Address P.O. Box 800, Denver, Co. 80201		
Reason(s) for Filing (Check proper box)		
New Well ☐	☒ Other (Please explain) In addition, we also have a transporter for condensate	
Recompletion ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	
Change in Operator ☐	Casinghead Gas ☐ Condensate ☒	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Flonance Gas Com	Well No. 3	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-078316
Location				
Unit Letter H	: 1770'	Feet From The N	Line and 1180'	Feet From The E
Section 6	Township 30N	Range 9W	San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Meridian Oil Inc.	☒	Address (Give address to which approved copy of this form is to be sent) 3535 30th St., Farmington, NM 87401				
Name of Authorized Transporter of Casinghead Gas or Dry Gas Amoco Production Co.	☒	Address (Give address to which approved copy of this form is to be sent) 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?	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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKH, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lost 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.
		RECEIVED JUN 19 1991

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	OIL CON. DIV
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	DIST. 3
			Choke Size

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, Staff Admin. Supervisor	
Printed Name D. W. Whaley	(303) 830-4280 Title
Date (Salazar)	Telephone No.

OIL CONSERVATION DIVISION

Date Approved	JUN 19 1991
By	Supervisor
Title	SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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 name.