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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

**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 <b>Amoco Production Co.</b>		Well API No. <b>30-045-27924</b>
Address <b>P. O. Box 800, Denver, CO 80201</b>		
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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Barrett "A"</b>	Well No. <b>16</b>	Pool Name, including Formation <b>Basin Fruitland Coal Gas</b>	Kind of Lease <del>State, Federal or Other</del>	Lease No. <b>SF-078336B</b>
Location				
Unit Letter <b>B</b>	<b>1070'</b>	Fect From The <b>N</b> Line and <b>1490'</b>	Fect From The <b>E</b> Line	
Section <b>20</b>	Township <b>31N</b>	Range <b>9W</b>	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)			
<b>Amoco Production Co.</b>	<b>P. O. Box 800, Denver, CO 80201</b>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.

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 <b>8/10/90</b>	Date Compl. Ready to Prod. <b>12/20/90</b>	Total Depth <b>3341'</b>		P.B.T.D. <b>3297'</b>				
Elevations (DF, RKB, RF, GR, etc.) <b>6311' GR</b>	Name of Producing Formation <b>Fruitland Coal</b>	Top Oil/Gas Pay <b>2844'</b>		Tubing Depth <b>2843'</b>		Depth Casing Shoe		
Perforations <b>See attached</b>								

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	266'	143 sx C1 B w/ 2% CACL2
8-3/4"	5-1/2"	3339'	(1st Stg) 40 sx C1 B
	2-3/8"	2843'	(2nd Stg) 620 sx C1 B
			65/35 poz, tail w/ 60 sx C1 B.

**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 as per (all) charts.)

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**  
**MAR 01 1991**  
**OIL CON. DIV.**  
**DIST. 3**

**GAS WELL**

Actual Prod. Test - MCF/D <b>25</b>	Length of Test <b>24</b>	Bbls. Condensate/MCF <b>0</b>	Gravity of Condensate <b>0</b>
Testing Method (pilot, back pr.) <b>Flowing</b>	Tubing Pressure (Shut-in) <b>40</b>	Casing Pressure (Shut-in) <b>360</b>	Choke Size <b>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 *D. W. Whaley*  
D. W. Whaley Staff Admin. Supervisor  
Printed Name  
Date 2/8/91 Telephone No. (303) 830-4280

**OIL CONSERVATION DIVISION**

Date Approved **MAR 01 1991**  
By *Bill J. Chang*  
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 operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-101 must be filed for each pool in multiply completed wells.

Perf: 2844'-2846', W/4 JSPP, .49" diam., 8 shots open.  
 12/2/90 2878'-2880', " " 8 shots open.  
 2929'-2934', " " 20 shots open.  
 2968'-2971', " " 12 shots open.  
 2973'-2981', " " 32 shots open.  
 2988'-2997', " " 36 shots open.  
 3000'-3002', " " 8 shots open.  
 3004'-3006', " " 8 shots open.  
 3012'-3014', " " 8 shots open.  
 3040'-3052', " " 48 shots open.  
 3088'-3091', " " 12 shots open.  
 3128'-3134', " " 24 shots open.  
 3136'-3138', " " 8 shots open.  
 3140'-3143', " " 12 shots open.

Frac: 12/4/90 2844'-3143'

Frac down casing with 132,426 gal slick water pad, 42000 gal slick water,  
 18300# 40/70 brady sn, 48000# 20/40 brady sn, AIR 94BPM, AIP 3300psi.

Perf: 12/6/90

1974'-1975', W/2 JSPP, .46" diam., 2 shots open.

Squeeze: 1974'-1975'

Pumped 480sx Cl B Pacesetter lite 65/35, tail with 60 sx Cl B neat.  
 Disp. with 9 BFW. Circulate 18 BBI cement to pit.