

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L.

Operator Amoco Production Co.		Well API No. 30-045-27938	
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			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Riddle B	3	Basin Fruitland Coal Gas	XXX , Federal XXXX	NM-012647
Location				
Unit Letter <u>B</u> : 830' Feet From The <u>N</u> Line and 1470' Feet From The <u>E</u> Line				
Section <u>22</u> Township <u>31N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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)	
Amoco Production Co.				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
		X	X					
Date Spudded 8/14/90	Date Compl. Ready to Prod. 10/11/90		Total Depth 3300'			P.B.T.D. Surface		
Elevations (DF, RKB, RT, GR, etc.) 6486' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3097'			Tubing Depth 3075'		
Perforations Open hole completion, no perf 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"		267'			161 sx C1		
8-7/8"	7"		3097'			550 sx C1 B, tail		
	2-3/8"		3075'			w/ 60 sx C1 B		

V. TEST DATA AND REQUEST FOR ALLOWABLE

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 on the full 14 oil

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	<div style="text-align: center;">  </div>
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 602	Length of Test 24	lbs. Condensate/MCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 360	Casing Pressure (Shut-in) 740	Choke Size 32/64

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		Title
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Date Jan 1959 Telephone No. 650 4280

OIL CONSERVATION DIVISION

Date Approved MAR 01 1991

By

SUPERVISOR DISTRICT 12

Title

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 III.
- 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.