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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 Urazos 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 4-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company		Well API No. 30-045-28095
Address P.O. Box 800, Denver, Co. 80201		
Reason(s) for Filing (Check proper box) New Well ☒ ☐ Other (Please explain) Recompletion ☐ Change in Transporter of: Change in Operator ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9	Well No. 106	Pool Name, Including Formation Undes. Pictured Cliffs	Kind of Lease State Federal or State	Lease No. SF078386
Location Unit Letter <u>I</u> : <u>1765'</u> Feet From The <u>S</u> Line and <u>935'</u> Feet From The <u>E</u> Line Section <u>17</u> Township <u>31N</u> Range <u>9</u> <u>1W</u> , NM1M, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	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?		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
		XX	XX					
Date Spudded 12/10/91	Date Compl. Ready to Prod. 12/30/91	Total Depth 3627'	P.B.T.D. 3610'					
Elevations (DF, RKB, RF, GR, etc.) 6557' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3398'	Tubing Depth 3419'					
Perforations Pictured Cliffs 3398' - 3450'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 296'	SACKS CEMENT 250 SX CL B					
7 7/8"	4 1/2"	3619'	15 Bbls Cl G, 55 sx Cl G					
	2 3/8"	3419' 1st Stg.	620 SX Cl G, 150 Sx					
		Cl G-2nd Stg						

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 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
772	17	-0-	-Q-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flowing	450	485	5/16

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.

Cynthia Burton
Signature
Cynthia Burton, Staff Admin. Supervisor
Printed Name
4/24/92 (303) 830-5119 Title
Date (Salazar) Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 27 1992
By Supervisor
Title SUPERVISOR DISTRICT #3

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 recompleting wells.