

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Sullivan Gas Com	Well No. 1A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter D	1130	Feet From The North	Line and 920	Feet From The West
Line of Section 22	Township 32N	Range 10W	, NMPM, San Juan County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau Incorporated	P.O. Box 26251, Albuquerque, NM 87125
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 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	D 22 32N 10W No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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 2-1-81	Date Compl. Ready to Prod. 6-20-81	Total Depth 5217'	P.B.T.D. 5210'					
Elevations (DF, RKB, RT, GR, etc.) 5917' G.L.	Name of Producing Formation Blanco Mesaverde	Top Oil/Gas Pay 4303'	Tubing Depth 5168'					
Perforations 4303'-4320', 4416'-4424', 4634'-4637', 4648'-4657', 4662'-4683', 4700'-4703', 4735'-4750', 4804'-4810', 4853'-4872', 4928'-4942', 4999'-5005', 5028'-5071', 5120'-5124', 5128'-5132', 5137'-5151', and 5156'-5165'.		Depth Casing Shoe 5217'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8" 32.3#	306'	325					
8 3/4"	7" 23#	3100'	610					
6 1/4"	4 1/2" Liner	5217'	305					
	2 3/8"	5168'						

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 Tanks	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 2545	Length of Test 3 Hrs.	Bbls. Condensate/MMCF	Gravity of Oil
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 597 PSIG	Casing Pressure (shut-in) 644 PSIG	Choke Size .75"

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.

Original
B. E. SVOBODA

(Signature)

District Administrative Supervisor

(Title)

JUL 14 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED

JUL 15 1981

BY

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowables on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiply completed wells.