

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 DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
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)

New Well ☒

Change In Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change In Ownership ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Keys Gas Com "A"	Well No. 2	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter F	1660	Feet From The North	Line and 1770	Feet From The West	
Line of Section 27	Township 32N	Range 10W	NMPM,	San Juan	County

III. 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, Inc.	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 F	Sec. 27	Twp. 32N	Rge. 10W	Is gas actually connected? NO	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 2-12-81	Date Compl. Ready to Prod. 10-24-81	Total Depth 7461'	P.B.T.D. 7453'					
Elevations (DF, RKB, RT, GR, etc.) 5947' GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7348'	Tubing Depth 7426'					
Perforations 7348'-7351', 7358'-7363', 7372'-7375', 7385'-7409'			Depth Casing Shoe 7461'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	299'	375 sx					
8-3/4"	7"	3162'	625 sx					
6-1/4"	4-1/2"	7461'	630 sx					
	2-3/8"	7426'						

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 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 912	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.) Back pressure	Tubing Pressure (shut-in) 1850 PSIG	Casing Pressure (shut-in) 1865 PSIG	Choke Size .75"

VI. 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 Signed By
E. E. SVOBODA

(Signature)

District Administrative Supervisor

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 3 1981, 19

Original Signed by FRANK T. CHAVEZ

BY

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 allowable 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 filed for each pool in multiply recompleted wells.