

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 AMOCO PRODUCTION COMPANY		Well API No. 30-045-26990
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		XXX Other (Please explain) *NMOCDC says that they have never received C104 on this well. *Well completed in 1988 *Previous Tenneco well
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name HORTON	Well No. 2	Pool Name, Including Formation BLANCO PICTURED CLIFFS	Kind of Lease FED	Lease No. NM016746
Location Unit Letter <u>F</u> : <u>1450</u> Feet From The <u>N</u> Line and <u>1800</u> Feet From The <u>W</u> Line Section <u>28</u> Township <u>31N</u> Range <u>9W</u> , 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"/> MERIDIAN OIL INC.	Address (Give address to which approved copy of this form is to be sent) 3535 30th ST., FARMINGTON, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978					
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 8/23/88	Date Compl. Ready to Prod. 10/18/88		Total Depth 3228'		P.B.T.D. 3176'			
Elevations (DF, RKB, RT, GR, etc.) 6192 GR	Name of Producing Formation PICTURED CLIFFS		Top Oil/Gas Pay 3016'		Tubing Depth 3048'			
Perforations 3016'-3100'; 84'; 168 holes					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		237'		219 cu. ft. Class G+			
7 7/8"	4 1/2"		3220'		add; 1249 cu. ft.			
	2 3/8"		3048'		class G + add.			

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.)	RECEIVED OCT 24 1991 OIL CON. DIV. DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MMCF/D 1330	Length of Test 3	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 635	Casing Pressure (Shut-in) 483 psi	Choke Size 0

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.

Doug Whaley
Signature
Doug W. Whaley, Staff Admin. Supervisor
Printed Name
10/21/91
Date
303-830-4280
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 24 1991
By Burt J. Chang
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 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.