

Submit 5 Copies
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 Diazos 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 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company		Well API No. 30-045-27521
Address P.O. Box 800, Denver, Co. 80201		
Reason(s) for Filing (Check proper box)		
New Well ☐	☒ Other (Please explain) In addition, we have a transporter for condensate.	
Recompletion ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Case B	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal Gas	Kind of Lease State, Federal or Tio.	Lease No. SF 078015
Location				
Unit Letter N	1250'	Feet From The S	Line and 1370	Feet From The W
Section 17	Township 31N	Range 11W	NMIM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate 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 or Dry Gas El Paso Gas	☐	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4490, Farmington, NM 87401				
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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	OIL CON. DIV. MAY 28 1991
Actual Prod. During Test	Oil - bbls.	Water - bbls.	

GAS WELL

Actual Prod. Test - MMCF/D	Length of Test	bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

D.W. Whaley / J. Salazar
Signature
D. W. Whaley, Staff Admin. Supervisor
Printed Name
5/22/91 (303) 830-4280 Title
Date (Salazar) Telephone No.

OIL CONSERVATION DIVISION

MAY 28 1991

Date Approved

By

SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

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.