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1000 Rio Brazos 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. 30-045-27809
Address P.O. Box 800, Denver, Co. 80201	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barnes Gas Com "E"	Well No. 1	Pool Name, including Formation Basin Fruitland Coal Gas	Kind of Lease State Federal or Fee	Lease No. SF-078039
Location Unit Letter <u>B</u> : <u>1010'</u> Feet From The <u>N</u> Line and <u>1470'</u> Feet From The <u>E</u> Line Section <u>26</u> Township <u>32N</u> Range <u>11W</u> , NM/PM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>El Paso Natural Gas</u>	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 6/13/90	Date Compl. Ready to Prod. 6/5/91	Total Depth 3340'	P.B.T.D. 3286'					
Elevations (DF, RKB, RF, GR, etc.) 6361' GR	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2857'	Tubing Depth 2861'					
Perforations See Attached 2857-3130			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 276'	SACKS CEMENT 225 sx Cl B w/2% CaCl ₂ , 1st Stg.-250 sx Cl B65/35 pos. tail w/200 sx Cl B, Cl B, tail w/60 sx Cl B					
7.875"	5 1/2"	3329'						
	2 3/8"	2861'						
		2nd Stg 500 sx						

V. TEST DATA AND REQUEST FOR ALLOWABLE

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	RECEIVED JUL 12 1991
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 192	Length of Test 24	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 301	Casing Pressure (Shut-in) 320	Choke Size 48/64

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.

Signature D. W. Whaley
D. W. Whaley, Staff Admin. Supervisor

Printed Name 7/10/91 (303) 830-4280 Title

Date (Salazar) Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 31 1991

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.