

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Co.		Well API No. 30-045-27840
Address P. O. Box 800, Denver, CO 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"/> <input type="checkbox"/> Other (Please explain)		
If change of operator give name and address of previous operator _____		

Lease Name Decker Gas Com "A"		Well No. 1	Pool Name, Including Formation Basin Fruitland Coal Gas	Kind of Lease State , Federal or Mex XXX	Lease No.
Location Unit Letter L : 1550 Feet From The S Line and 960 Feet From The W Line Section 17 Township 32N Range 10W , NMPM, San Juan County					

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 checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Amoco Production Co.		P. O. Box 800, Denver, CO 80201				
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: _____

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 8/26/90	Date Compl. Ready to Prod. 10/23/90	Total Depth 2868'		P.B.T.D. Surface					
Elevations (DF, RKB, RT, GR, etc.) 6116' GR	Name of Producing Formation Fruitland	Top Oil/Gas Pay 2570'		Tubing Depth 2563'					
Perforations Open hole completion no perfs or fracs 2570 - 2868				Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4"	9-5/8"	267'		215 sxs C1 G ashcroft					
8-7/8"	7"	2570'		500 sxs C1 G dowell					
	2 3/8	2563		65/35 poz, tail w/ 100 sxs					
				C1 G dowell.					

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
867	24	0
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)
Flowing	480	1160
		Gravity of Condensate
		0
		Choke Size
		44/64

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 Staff Admin. Supervisor Printed Name 1/31/91 Title (303) 830-4280 Date 1/31/91 Telephone No. _____		OIL CONSERVATION DIVISION MAR 01 1991 Date Approved _____ By Barry J. Chang Title SUPERVISOR DISTRICT 13
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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.
4) Separate Form C-101 must be filed for each pool in multiply completed wells.

40-49461-10
JUN 19 1964
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40-49461-11
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