

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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator AMOCO PRODUCTION COMPANY		Well API No. 30-045-28184	
Address P.O. BOX 800, DENVER, CO 80201			
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	TRANS. Charge only
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name ARNAUD A	Well No. 3	Pool Name, Including Formation BASIN FRUITLAND COAL GAS	Kind of Lease State, Federal or Other	Lease No. SF-078513
Location Unit Letter <u>A</u> : <u>1090</u> Feet From The <u>N</u> Line and <u>930</u> Feet From The <u>E</u> Line Section <u>20</u> Township <u>32N</u> Range <u>9W</u> , <u>NMPM</u> , <u>SAN JUAN</u> 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 checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
MERIDIAN OIL, INC. 2813139					3535 30TH STREET, 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 XXX	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/2/90	Date Compl. Ready to Prod. 4/1/92		Total Depth 3648'			P.B.T.D. 3648'			
Elevations (DF, RKB, RT, GR, etc.) 6786' GR	Name of Producing Formation FRUITLAND COAL		Top Oil/Gas Pay 3308'			Tubing Depth 3383'			
Perforations 3308' - 3648' OPEN HOLE COMPLETION FRUITLAND COAL						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		276'		SURF. 195 SX CL B W/2%			
8 3/4"		7"		3308'		CaCl ₂ . 550 SX CL B			
		2 3/8"		3383'		65/35 POZ TAIL W/100 SX			
V. TEST DATA AND REQUEST FOR A CEMENT						CL B TO SURFACE.			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lost 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Mcf

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Dbls. Condensate/MMCF	Gravity of Condensate
247	24	-0-	-0-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
FLOWING	140	270	24/64

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.

Cynthia L. Burton, sec

Signature
CYNTHIA L. BURTON, STAFF ADMIN. SUPVSR.

Printed Name _____

12-07-92

Date _____

Title

303-830-5119

Telephone No. 830-5119

OIL CONSERVATION DIVISION

Date Approved DEC 08 1992

By

SUPERVISOR DISTRICT #3

Title

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-104 must be filed for each pool in multiply completed wells.