

OIL CONSERVATION DIVISION

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

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

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

NOTE: DEVIATION TEST WILL
FOLLOW UNDER SEPARATE
COVER.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY	Well API No. 30-045-28641
Address P.O. BOX 800, DENVER, COLORADO 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 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 SULLIVAN GAS COM /E/	Well No. 1	Pool Name, including Formation BASIN FRUITLAND COAL GAS	Kind of Lease FEDERAL	Lease No. NM-012648
Location Unit Letter N : <u>B.T.M. 1893</u> Feet From The <u>SOUTH</u> Line and <u>1749</u> Feet From The <u>WEST</u> Line Section 22 Township 32N Range 10W, 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 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)					
EL PASO NATURAL GAS COMPANY	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 XXX	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-14-92	Date Compl. Ready to Prod. 11-01-92		Total Depth 2888' <u>TVD - 2355'</u>		P.B.T.D. 2888' <u>TVD - 2355'</u>			
Elevations (DF, RKB, RT, GR, etc.) 5983' GR	Name of Producing Formation FRUITLAND COAL		Top Oil/Gas Pay 2496'		Tubing Depth 2501'			
Perforations OPEN HOLE COMPLETION <u>2496 - 2888</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		312.5		150 SX CL B			
8 3/4"	7"		2496'		550 SX			
	<u>2 3/8</u>		<u>2501</u>					

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 the allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Formation (Flow, source, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure <u>NOV 12 1992</u>	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water <u>CON. DIV.</u>	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 943	Length of Test 4 HRS.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) FLOWING	Tubing Pressure (Shut-in) -0-	Casing Pressure (Shut-in) 65	Choke Size .75

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 Burton /mc
Signature
CYNTHIA BURTON, Staff Admin. Supervisor
Printed Name
Title
303-830-5119
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 19 1992
By Original Signed by
Title DEPUTY CHIEF

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.