

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

TO TRANSPORT OIL AND NATURAL GAS		Well API No.
Operator Amoco Production		3004526996
Address 6162 S. Willow Drive, Englewood, CO 80111		
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Addition of Liquid Transporter
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in Operator
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 Tenneco Oil E&P, 6162 S. Willow Drive, Englewood, CO 80111		

II. DESCRIPTION OF WELL AND LEASE

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Lease Name Fields LS	Well No. 7R	Pool Name, including Formation Blanco Mesaverde			SF-010989
Location					
Unit Letter <u>G</u> : <u>1925 1965</u> Feet From The <u>North</u> Line and <u>2055 2060</u> Feet From The <u>East</u> Line					
Section <u>34</u>	Township <u>32N</u>	Range <u>11W</u>	<u>NMPM</u> , <u>San Juan</u>		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
				Cargo Name	Address (City)

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Conoco		Box 460, Hobbs, NM 88240				
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		Box 1492, El Paso, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	G	34	32N	11W	Yes	

IV. COMPLETION DATA

If this production is commingled with that from any other well or wells										
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

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(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.

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 FEB 22 1989
 OIL CON. DIV.

GAS WELL

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test			3
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

VL 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 Steve Foster/Sr. Administrative Analyst

Printed Name 2/17/89 Title (303) 740-2447

Date _____

OIL CONSERVATION DIVISION

Date Approved FEB 22 1989

By

SUPERVISION 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.