

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Co.		Well API No. 30-0454-28187
Address P. O. Box 800, Denver, CO 80201		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☒	Change in Transporter of:	
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moore "D"	Well No. 9	Pool Name, including Formation Basin Fruitland Coal Gas	Kind of Lease State , Federal XXXX	Lease No. SF-078147
Location Unit Letter B : 1180' Feet From The N Line and 1470' Feet From The E Line Section 27 Township 32N Range 12W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	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:

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 9/22/90	Date Compl. Ready to Prod. 11/1/90		Total Depth 2851'		P.B.T.D. 2805'			
Elevations (DF, RKB, RT, GR, etc.) 6187' GR	Name of Producing Formation Fruitland		Top Oil/Gas Pay 2350'		Tubing Depth 2353'			
Perforations See attached					Depth Casing Shoe			

HOLE SIZE 12-1/4" 7-7/8"	CASING & TUBING SIZE 8-5/8" 5-1/2" 2-3/8"	DEPTH SET 282' 2582' 2353'	SACKS CEMENT 250 sxs C1 B (1st Stg) 170 sx C1 G 65/35 poz, tail w/ 200 sx C1 G, (2nd Stg) 200
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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.

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GAS WELL

Actual Prod. Test - MCF/D 107	Length of Test 24	Bbls. Condensate/MNCF 0	Gravity of DIST 3
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 80	Casing Pressure (Shut-in) 380	Choke Size 42/64

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**
Printed Name **D. W. Whaley, Staff Admin. Supervisor**
Date **2/8/91** Telephone No. **(303) 830-4280**

OIL CONSERVATION DIVISION

Date Approved **MAR 01 1991**

By **Brian J. Shum**
Title **SUPERVISOR DISTRICT #3**

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.