

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. 30-045-27590
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 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 Florance P	Well No. 34	Pool Name, Including Formation Basin Fruitland Coal Gas	Kind of Lease State Federal XXXX	Lease No. SF-078385
Location Unit Letter <u>G</u> : <u>1970'</u> Feet From The <u>N</u> Line and <u>1670'</u> Feet From The <u>E</u> Line Section <u>35</u> Township <u>30N</u> Range <u>8W</u> , NMPM, <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)					
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
		X	X					
Date Spudded 2/5/90	Date Compl. Ready to Prod. 3/28/90	Total Depth 2831'	P.B.T.D. Surface					
Elevations (DF, RKB, RT, GR, etc.) 6058'	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2674'	Tubing Depth 2659'					
Perforations No perfs or fracs open hole completion 2674-2832 CH		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SFT	SACKS CEMENT					
12-1/4"	9-5/8"	275'	250 SX C1 B					
8-3/4"	7"	2674'	440 SX 65/35 Lite					
	2-3/8"	2659'	100 SX C1 B Tail					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of test volume of oil and gas and 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
	OCT 8 1991	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
	OIL CON. DIV. DIST. 3	OIL CON. DIV. DIST. 3

GAS WELL

Actual Prod. Test - MMCFD	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1603	24	0	0
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flowing	368	500	34/64

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 2/9/91 Telephone No. (303) 830-4280

OIL CONSERVATION DIVISION

Date Approved OCT 08 1991

By Original Signed by FRANK T. CHAVEZ

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, number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.