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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
Form O-10610N  
Revised 1-7-89  
See Instructions  
at Bottom of Page

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

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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

I. Operator: AMOCO PRODUCTION COMPANY  
Well API No: 30-045-07781  
Address: P.O. BOX 800, DENVER, COLORADO 80201  
Reason(s) for Filing (Check proper box):  
New Well  Other (Please explain) Name Change - From Roy Sullivan A #1 (C) to Sullivan Gas Com C#1 (C)  
Recompletion  Oil  Dry Gas   
Change in Operator  Casinghead Gas  Condensate

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Sullivan Gas Com #1  
Well No: 1  
Pool Name, including Formation: Armenta Gallup  
Kind of Lease: Fee  
Lease No.:  
Location: Unit Letter N : 940' Feet From The S Line and 1450' Feet From The W Line  
Section 28 Township 29N Range 10W NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: Meridian Oil, Inc   
Address (Give address to which approved copy of this form is to be sent): 3535 E. 30th St, Farmington, NM 87401  
Name of Authorized Transporter of Casinghead Gas or Dry Gas: El Paso Natural Gas   
Address (Give address to which approved copy of this form is to be sent): P.O. Box 4990, Farmington, NM 87499  
If well produces oil or liquids, give location of tanks: Unit Soc. 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	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

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

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.  
Doug Whaley, State Admin. Supervisor  
Date: 10/11/91 Telephone No. 303-830-4280

OIL CONSERVATION DIVISION  
OCT 15 1991  
Date Approved  
By: [Signature]  
Title: SUPERVISOR DISTRICT 12

- 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.

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State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
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at Bottom of Page

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

**OIL CONSERVATION DIVISION**

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**

I. OPERATOR

Operator <b>Amoco Production Company</b>	Well No. <b>9100</b>	Well File No. <b>30-045-07781</b>
Address <b>1670 Broadway, P. O. Box 800, Denver, Colorado 80201</b>		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<input checked="" type="checkbox"/> Other (Please explain) <b>Name Change - From Roy A Sullivan #1 (BDK) to Sullivan Gas Com/CI (BDK)</b>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		

If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Sullivan Gas Com/CI</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Basin Dakota Gas</b>	Fee	Lease No.
Location				
Unit Letter <b>N</b>	<b>940</b> Feet From The <b>South</b> Line and <b>1450</b> Feet From The <b>West</b> Line			
Section <b>28</b>	Township <b>29N</b>	Range <b>10W</b>	MAPM, <b>SAN JUAN</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Meridian Oil, Inc.</b>	Address (Give address to which appropriate copy of this form is to be sent) <b>535 East 30th St, Farmington, NM 87401</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which appropriate copy of this form is to be sent) <b>P.O. Box 4990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually counted?   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	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	
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	<b>RECEIVED</b> JUN 6 1991
Actual Prod. During Test	Oil - bbls.	Water - bbls.	

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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.

**D. W. Whaley**  
Signature  
**D. W. Whaley** Staff Admin. Supv.  
Printed Name  
**6/4/91** (303) 830-4280  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **JUN 6 1991**

By **[Signature]**

Title **SUPERVISOR DISTRICT 13**

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.

All distances must be from the outer boundaries of the Section.

Operator <b>AMOCO PRODUCTION COMPANY</b>		Lease <b>Roy Sullivan "A"</b>		Well No. <b>1</b>
Unit Letter <b>N</b>	Section <b>28</b>	Township <b>29N</b>	Range <b>40W</b>	County <b>San Juan</b>
Actual Footage Location of Well: <b>940</b> feet from the <b>South</b> line and <b>1450</b> feet from the <b>West</b> line				
Ground Level Elev. <b>5533'</b>	Producing Formation <b>Undes. Gallup/Basin Dakota</b>	Pool <b>Undes. Gallup/Basin Dakota</b>	Dedicated Acreage: <b>40/320</b> Acres	

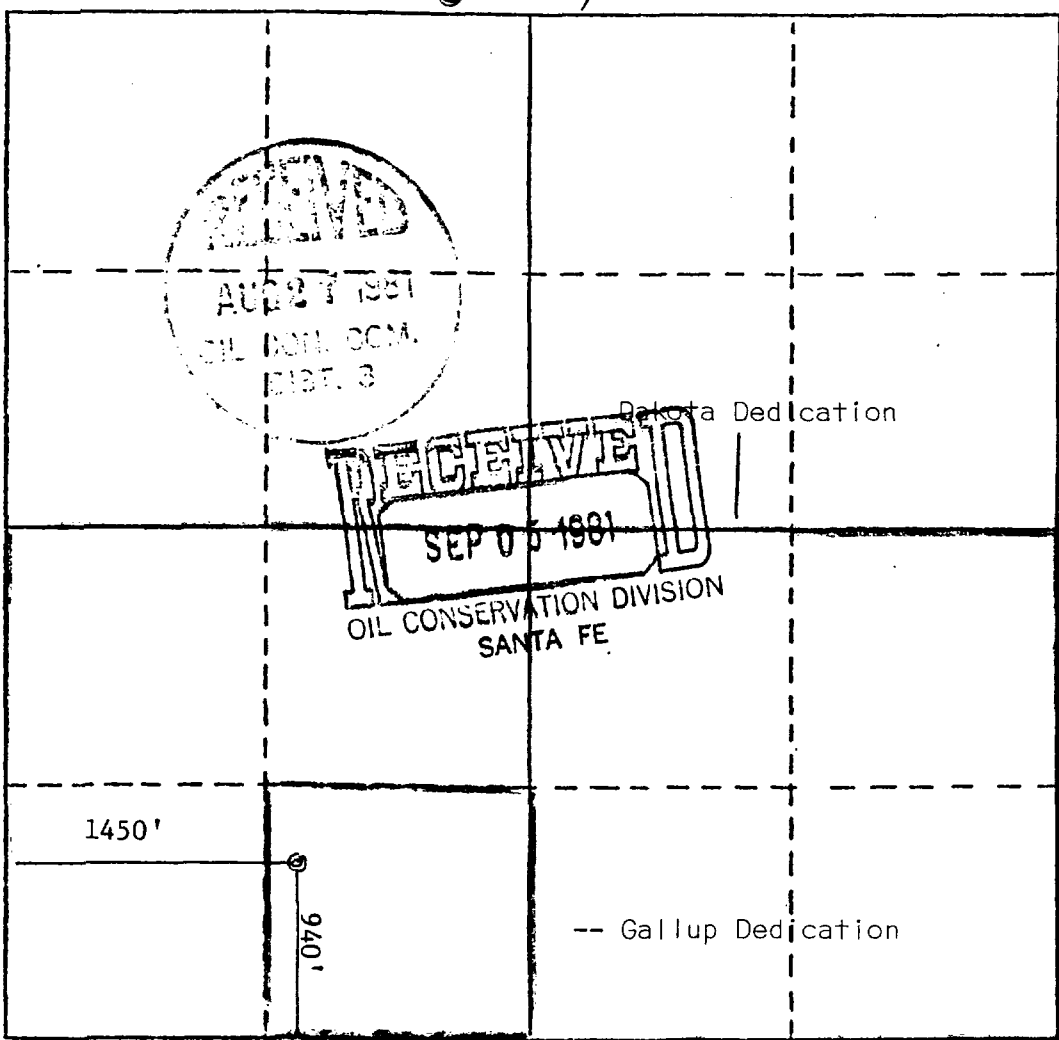
1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes  No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.

*Structure 640-acc Section*



CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
Name	<i>Wayne L Peterson</i>
Position	W.L. Peterson DISTRICT ENGINEER
Company	AMOCO PRODUCTION COMPANY
Date	August 24, 1981
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.	
Date Surveyed	January 31, 1964
Registered Professional Engineer and/or Land Surveyor	
Original Signed By: Ernest V. Echohawk	
Certificate No.	3602

