

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

Operator Amoco Production Company		RECEIVED JUL 14 1980 O. C. D. CASINGHEAD GAS TEST NOT OFFICE FLARED WITH 7-1-80 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED Ex. 2-429 Expires 1-1-81 ✓
Address P. O. Box 68 Hobbs, NM 88240		
Reason(s) for filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		
If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brantley B	Well No. 1	Pool Name, Including Formation South Culebra Bluff Bone	Est. 2-472 Kind of Lease State, Federal or Fee Expires Until Further Notice Fee	Lease No.
Location Spring				
Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East				
Line of Section 24 Township 23-S Range 28-E NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 24	Twp. 23	Rge. 28	Is gas actually connected? No	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded 11-17-79	Date Compl. Ready to Prod. 6-16-80		Total Depth 13240'		P.B.T.D. 6961'			
Elevations (DF, RKB, RT, GR, etc.) 2967.8 GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 6336'		Tubing Depth 6176			
Perforations 6336'-6742'					Depth Casing Shoe 10065'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	390'	500 SX Class C
14-3/4"	10-3/4"	2692'	2050 Lite; 200 Class C
9-1/2"	7-5/8"	10065'	1700 Lite; 300 Class C
	2 3/8"	6176	

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 Tanks 5-20-80	Date of Test 6-16-80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr.	Tubing Pressure 100#	Casing Pressure	Choke Size
Actual Prod. During Test 34	Oil-Bbls. 31	Water-Bbls. 3	Gas-MCF 186

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. 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.

0+4-NMOCD, A 1-Hou 1-Susp 1-LBG

Bob Davis
(Signature)Admin. Analyst
(Title)7-9-80
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 21 1980
BY W. A. Gussett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.