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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C
Effective 1-1-65

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4/1/83
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

I.

Operator Amoco Production Company	
Address P. O. Box 68, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Request allowable to produce.	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State DY	Well No. 1	Pool Name, including Formation Baum Upper Penn	Kind of Lease State, Federal or Fee	State State	Lease No. K-4670
Location					
Unit Letter K	1953	Feet From The West	Line and 1980	Feet From The South	
Line of Section 19	Township 13-S	Range 33-E	NMPM,	Lea	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"/> Amoco Production Company (Trucks)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas	
Name of Authorized Transporter of Casinghead Gas <input 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 K	Sec. 19
	Twp. 13-S	Rge. 33-E
	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 <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'tv. <input type="checkbox"/>	Diff. Res <input type="checkbox"/>
Date Spudded 11-22-82	Date Compl. Ready to Prod. 2-8-83		Total Depth 10000		P.B.T.D. 9956			
Elevations (DF, R&D, RT, GR, etc.) 4292.8 GL	Name of Producing Formation Penn		Top Oil/Gas Pay 9776		Tubing Depth			
Perforations 9776-9790					Depth Casing Shoe 9999			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		450		475 CI C			
11	8-5/8		4040		2150 lite, 450 CI C			
7-7/8	5-1/2		9999		950 lite, 400 CI H			

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 1-12-83	Date of Test 2-7-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 284 bbls	Oil-Bbls. 137	Water-Bbls. 147	Gas-MCF 240

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Assist. Admin. Analyst

Feb. 8, 1983

OIL CONSERVATION COMMISSION

FEB 11 1983

APPROVED _____, 19 _____

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

TITLE _____

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

If this is a request for allowable for a newly drilled or deepen 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 all able on new and recompleted wells.

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

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

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