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| DEPARTMENT | |
| DIVISION | |
| OFFICE | |
| DATE | |
| BY | |
| REASON | |
| APPROVAL | |
| REMARKS | |

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

Form C-104
 Supersedes Old C-101 and C-11
 Effective 1-1-65

Operator
Amoco Production Company

Address
P.O. Drawer A, Levelland, Texas 79336

| | |
|---|------------------------|
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Ownership <input type="checkbox"/> | |

Change of ownership give name and address of previous owner _____

| DESCRIPTION OF WELL AND LEASE | | | |
|---|-------------------------|---|---------------------------------|
| Lease Name Gillully Fed Gas Com | Well No. 15 | Pool Name, Including Formation Eumont Queen | Kind of Lease Federal |
| Location Unit Letter E ; 1650 Feet From The north Line and 990 Feet From The west | | | Lease No. LC031736(a) |
| Line of Section 24 | Township 20-S | Range 36-E | County Lea |

| SIGNATURE 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) | | |
| Northern Natural Gas Co. | P.O. Box 2370 Hobbs, NM 88240 | | |
| Does well produce oil or liquids, or location of tanks. | Unit | Sec. | Twp. |
| | | | |
| Is gas actually connected? Yes | When 6-30-78 | | |

This production is commingled with that from any other lease or pool, give commingling order number: _____

| 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 4-18-78 | Date Compl. Ready to Prod. 5-31-78 | | Total Depth 4000' | | P.B.T.D. 3957' | | | | | |
| Measurements (DF, RKB, RT, CR, etc.) 3563' RDB | Name of Producing Formation Queen | | Top Oil/Gas Pay 3539' | | Tubing Depth 3480' | | Depth Casing Shoe | | | |
| Measurements 3539' - 3610' | | | | | | | | | | |

| TUBING, CASING, AND CEMENTING RECORD | | | |
|--------------------------------------|----------------------|-----------|----------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 1125' | 400 LoDense&100 Cl C |
| 7 7/8" | 5 1/2" | 4000' | 550 Filler&300Cl C |
| | 2 3/8" TBG | 3480' | |

| TEST DATA AND REQUEST FOR ALLOWABLE (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 | 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 |

| TEST WELL | | | |
|--|--|--|-----------------------------|
| Actual Prod. Test-MCF/D 296 | Length of Test 24 hrs. | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) back pressure | Tubing Pressure (shut-in) 230# | Casing Pressure (shut-in) 120# | Choke Size 48/64" |

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 is true and complete to the best of my knowledge and belief.

O+4-NMOCC-H; 1-Div; 1-Susp; 1-AVH; 1-Arco

A.V. H. d. G.
 (Signature)
Administrative Analyst
 (Title)
6-30-78
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 11 1978**, 19____

BY *[Signature]*

TITLE **SUPERVISOR DISTRICT 4**

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 deviated 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.