

| | |
|-------------------|------------|
| STATE | |
| FED. | |
| U.S.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NAT. GAS**

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

DEVIATION SURVEYS ATTACHED

Operator
Amoco Production Company

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

Reason(s) for filing (Check proper box)

| | | | |
|---------------------|--------------------------|---------------------------|--------------------------|
| New Well | <input type="checkbox"/> | Change In Transporter of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change In Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

Other (Please explain)
**OTHER THAN GAS MUST NOT BE
EXCEPTED 9/3/78
EXCEPTION TO R-4070
IS OBTAINED.**

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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|--|---------------------------|
| Lease Name Langlie "B" Federal | Well No. 3 | Pool Name, including Formation Langlie Mattix Queen | Kind of Lease State, Federal or Fee Federal Federal | Lease No. 10933 |
| Location Unit Letter E ; 2130 Feet From The north Line and 400 Feet From The west | | | | |
| Line of Section 15 Township 25-S Range 37-E , NMPM, Eddy County | | | | |

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, Texas | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Texas | | | |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 15 | Twp. 25 | Rge. 37 |
| | Is gas actually connected? | | When | |
| | No | | | |

If 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 <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'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 5-12-78 | Date Compl. Ready to Prod. 7-6-78 | | Total Depth 3711' | | P.B.T.D. 3664' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3116.7 GR | Name of Producing Formation Queen | | Top Oil/Gas Pay 3368' | | Tubing Depth 3335' | | | |
| Perforations 3368'-78', 3410' - 17', 3426'-30', 3446'-49', 3464'-67', 3480'-86', 3538'-46' | | | | | Depth Casing Shoe - | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" | | 1100' | | 550sx Class C & Filler | | | |
| 7 7/8" | 5 1/2" | | 3700' | | 600sx Class C & Lo Dense | | | |

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 7-3-78 | Date of Test 7-6-78 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hrs. | Tubing Pressure 90# | Casing Pressure 350# | Choke Size 48/64" |
| Actual Prod. During Test 25 bbls. | Oil - Bbls. 6 | Water - Bbls. 19 | Gas - MCF NA |

GAS WELL

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

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.

0+4-NMOCC,H; 1-Div; 1-Susp; 1-RC

Ray W. Cox
(Signature)

Administrative Supervisor

7-12-78

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *Jerry L. ...*

TITLE **SUPERVISOR DISTRICT**

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 deviation tests taken on the well in accordance with RULE 111.

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

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

RECEIVED

MAR 18 1978

COMM. COMM.
M. S.