

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	
DATE FILED	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
**Amoco Production Company.**

Address  
**P.O. Box 68 Hobbs, NM 88240**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>Permian Corp. Purchasing Crude Oil from this well effective 2-12-80</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	
Change in Transporter of Gas <input checked="" type="checkbox"/>	
Change in casinghead gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name	Well No.	State, Federal or Fee	State A- 1573
<b>State G</b>	<b>5</b>		
Pool Name, including Formation		<b>Hobbs Drinkard</b>	
Location			
Unit Letter		Feet From The	Feet From The
<b>E</b>	<b>1980</b>	<b>North</b>	<b>660</b>
Line of Section		Range	County
<b>33</b>		<b>38-E</b>	<b>Lea</b>
Township		NMPM	
<b>18-S</b>			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	<b>P.O. Box 1183, Houston, TX</b>	
<b>The Permian Oil Corporation</b>		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 type="checkbox"/>	<b>4001 Penbrook, Odessa, TX</b>	
<b>Phillips Petroleum</b>		Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	<b>E</b>	<b>33</b>	<b>18</b>
			<b>38</b>
			<b>Yes</b>
			<b>10-13-69</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.D.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations		Depth Casing Shoe							
<b>6655'-6981'</b>									

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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		Bbls. Condensate/MCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
Testing Method (flow, 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.

*Ray Cox*  
(Signature)  
Admin. Supv.  
(Title)  
**2-12-80**  
(Date)

OIL CONSERVATION COMMISSION

**FEB 13 1980**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **Jerry Sexton**  
Dist 1, Supv.

TITLE \_\_\_\_\_

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 110.  
All sections of this form must be filled out completely for allowable on new and re-completed 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 conditions.

OIL CONSERVATION DIV.

FEB 13 80

RECEIVED