

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

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

DEVIATION SURVEY ATTACHED

Operator  
**Amoco Production Company**  
Address  
**P. O. Box 68, Hobbs, NM 88240**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

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

DESCRIPTION OF WELL AND LEASE *Buffalo Penn R-6449*

Lease Name <b>Bondurant Federal</b>	Well No. <b>5</b>	Pool Name, including Formation <b>West Tonto Penn</b>	Kind of Lease State, Federal or Free <b>Federal</b>	Lease No. <b>NM-01235-b</b>
Location				
Unit Letter <b>J</b>	Year <b>1980</b>	Feet From The <b>South</b>	Line and <b>1980</b>	Feet From The <b>East</b>
Line of Section <b>12</b>	Township <b>19-S</b>	Range <b>32-E</b>	, NMPM, <b>Lea</b> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>The Permian Corporation</b>	<b>P. O. Box 1183, Houston, TX</b>					
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)					
<b>Gas Co. of New Mexico</b>	<b>P. O. Box 1358, Lovington, NM</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>12</b>	Twp. <b>19</b>	Pge. <b>32</b>	Is gas actually connected? <b>Yes</b>	When <b>11-12-79</b>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>3-18-79</b>	Date Compl. Ready to Prod. <b>6-5-79</b>	Total Depth <b>13689'</b>	P.B.T.D. <b>13640'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3674.5 RDB</b>	Name of Producing Formation <b>Morrow</b>	Top Oil/Gas Pay <b>13326'</b>	Tubing Depth <b>13178'</b>					
Perforations <b>13,321 - 13,341</b>						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	445'	450 sx Class C
12-1/4"	9-5/8"	5002'	2300 Lite; 200 Class C
8-3/4"	5-1/2"	13688'	1800 Lite; 780 Class H

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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<b>2440'</b>	<b>24 Hrs.</b>	<b>2</b>	
Testing Method (flow, back pr.)	Tubing Pressure (lb/ft <sup>2</sup> -in)	Casing Pressure (lb/ft <sup>2</sup> -in)	Choke Size
<b>Flowing</b>	<b>4400#</b>		<b>22/64</b>

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

**0+4 NMOC-D-H, 1-Hou, 1-Susp, 1-BD, 1-G. Ethridge**

*Bob Davis*  
(Signature)  
**Assistant Administrative Analyst**  
(Title)  
**11-20-79**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED: **NOV 26 1979**, 19\_\_\_\_

BY: *[Signature]*

TITLE: **SUPERVISOR**

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 completion 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 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 changes of conditions.