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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-110
Effective 1-1-65

Operator <u>Amoco Production Company</u>		
Address <u>P.O. DRAWER A, LEVELLAND, TEXAS 79336</u>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter oil <input type="checkbox"/>	<u>CHANGE LEASE AND WELL NAME FROM BRADLEY "B" #2 TO SOUTH HOBBS UNIT #116</u>
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"/>

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

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name <u>SOUTH HOBBS UNIT</u>		<u>116</u>	<u>HOBBS GRAYBURG SAN ANDRES</u>	State, Federal, or Fee <u>FEE</u>	
Location					
Unit Letter <u>0</u> : <u>1650</u> Feet From The <u>EAST</u> Line and <u>990</u> Feet From The <u>SOUTH</u>					
Line of Section <u>6</u> Township <u>19-S</u> Range <u>38-E</u> , NMPM, <u>LEA</u> County					

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"/>		<u>800 WILCO BLDG., MIDLAND, TEX 79701</u>	
<u>SHELL PIPELINE CO.</u>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		<u>BARTLESVILLE, OKLAHOMA</u>	
<u>PHILLIPS PETROLEUM CO.</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>1</u> Sec. <u>6</u> Twp. <u>19</u> Rge. <u>38</u>	Is gas actually connected? <u>YES</u>	When <u>JULY 14, 1954</u>

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 Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			

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/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

7. 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.

Kenneth Brand
(Signature)
Sharon Staff Assistant
(Title)
6-28-77
(Date)

O+D NMOC, Hobbs 1-DH, 1-RWB

OIL CONSERVATION COMMISSION

APPROVED JUL 5 1977, 19 _____

BY _____

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 deviation 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 change of condition.

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AMOCO PRODUCTION COMPANY

P.O. Drawer A, Levelland, Texas 79336

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change Lease Name From O.O. Bradley "B" to Bradley "B"	
Completion <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 Bradley "B"	Well No. 2 Pool Name, Including Formation Hobbs Grayburg San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter 0 ; 1650 Feet From The East Line and 990 Feet From The South Line of Section 6 Township 19-S Range 38-E NMPM, Lea County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) 800 Wilco Bldg. Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma
Does well produce oil or liquids, give location of tanks.	Unit J Sec. 16 Twp. 19 Rge. 38 Is gas actually connected? Yes When July 14, 1954

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 Inst. Diff. Res. v.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Deviations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

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

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

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 W. Cox
(Signature)
Administrative Assistant
(Title)
1-21-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY John R. Ruff
General Manager

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 deviation 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.

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Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator AMOCO PRODUCTION COMPANY	
Address P.O. DRAWER A, LEVILLAND, TEXAS 79335	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in ownership from W.K. Byrom to Amoco Prod. Co.
Recompletion <input type="checkbox"/>	
Change In Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner W.K. Byrom Box 147 Hobbs, N.M. 88240

Lease Name O.O. BRADLEY "B"		Well No. 2	Pool Name, Including Formation HOBBS GRAYBURG SAN ANDRES	Kind of Lease State, Federal or Fee	Lease No. FEE
Location Unit Letter <u>0</u> ; <u>1650</u> Feet From The <u>EAST</u> Line and <u>990</u> Feet From The <u>SOUTH</u> Line of Section <u>6</u> Township <u>19-S</u> Range <u>38-E</u> , NMPM, <u>LEA</u> County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPELINE Co.		Address (Give address to which approved copy of this form is to be sent) 800 WILCO BLDG. MIDLAND, TEX. 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM Co.		Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE, OKLAHOMA			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 16	Twp. 19	Rge. 38	Is gas actually connected? When YES JULY 14, 1954

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

Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
Perforations	Depth Casing Shoe								
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						

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	

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

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.	
<u>Ray W. Cox</u> (Signature) Administrative Assistant (Title) <u>12-30-76</u> (Date)	

OIL CONSERVATION COMMISSION APPROVED <u>1003 1977</u> , 19 BY _____ 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 deviation 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. Separate Forms C-104 must be filed for each pool in multiply completed wells.	