

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

I. 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

Deviation survey attached

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Hobbs (GSA) Unit	Well No. 121	Pool Name, Including Formation Hobbs GSA	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter E ; 1450 Feet From The North Line and 150 Feet From The West				
Line of Section 4 Township 19-S Range 38-E , NMPM, Lea County				

III. 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 Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1008, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Midland, TX 79702
If well produces oil or liquids, give location of tanks. Unit J Sec. 4 Twp. 19 Rge. 38	Is gas actually connected? Yes When _____

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

V. 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 11-11-78	Date Compl. Ready to Prod. 7-20-80	Total Depth 4265'
Elevations (DF, RKB, RT, GR, etc.) 3613.9 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 4265'
Perforations Open hole		Tubing Depth 4258
		Depth Casing Shoe 3853

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11-3/4"	1430'	850 Class C
11"	8-5/8"	3850'	1350 Class C

V. 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 7-20-80	Date of Test 7-20-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 2983	Oil - Bbls. 49	Water - Bbls. 420	Gas - MCF 2934

GAS WELL

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

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

0+4-NMOCD, H 1-Susp 1-Hou 1-LBG
1-Wayne Stafford, Hou

Bob Davis
(Signature)
Administrative Analyst

8-15-80
(Date)

OIL CONSERVATION DIVISION

APPROVED **4-20-23-1980**, 19

BY **SUPERVISOR DISTRICT I**

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 conditions.
 Separate Forms C-104 must be filed for each pool in multiply-completed wells.

INCLINATION REPORT

ULL - 4 1978

OPERATOR Amoco Production Company ADDRESS Drawer A, Levelland, Texas 79336
 LEASE NAME South Hobbs Unit WELL NO. 121 FIELD _____
 LOCATION Section 4, T-19S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
460	1	8.0500	8.0500
708	1 1/4	5.4064	13.4564
895	1 1/4	4.0766	17.5330
1192	1 1/2	7.7814	25.3144
1323	1 1/2	3.4322	28.7466
1431	3/4	1.4148	30.1614
1912	3/4	6.3011	36.4625
2409	1 1/2	13.0214	49.4839
2826	1	7.2975	56.7814
3318	3/4	6.4452	63.2266
3598	1	4.9000	68.1266
3865	1 1/4	5.8206	73.9472

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

John Ayers

TITLE John Ayers, Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

John Ayers

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 1st day of December, 1978

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

Jerry Z. Noyes
Notary Public in and for the County of Lea, State of New Mexico