

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-1
 Effective 1-1-55

| | |
|------------------------|-----|
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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

Operator
 Amoco Production Company

Address
 P. O. Box 68, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

| | | |
|--|---|--|
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Other (Please explain) Request 1000 bbl testing allowable for Grayburg San Andres |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | | |

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

I. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|---|--|-----------------------|
| Lease Name South Hobbs (GSA) Unit | Well No., Well Name, including formation 141 Hobbs GSA | Kind of Lease State, Federal or Fee State | Lease No. A 1212-1 |
| Location Unit Letter <u>K</u> ; <u>1478</u> <u>1403</u> Feet From The <u>South</u> Line and <u>2595</u> Feet From The <u>West</u> | Line of Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> , N.M.P.M. Lea County | | |

II. 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |

If well produces oil or liquids, give location of tanks. Unit K Sec. 4 Twp. 19-S Rge. 38-E Is gas actually connected? No When _____

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

III. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res't. <input type="checkbox"/> | Diff. Res't. <input type="checkbox"/> |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, CR, 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 | | | | | |

IV. 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/MNCF | Gravity of Condensate |
| Testing Method (pitot, suck pr.) | Tubing Pressure (Start-End) | Casing Pressure (Start-End) | Choke Size |

V. 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.

Cathy L. Forman
 (Signature)
 Assist. Admin. Analyst
 (Title)

11-10-83
 (Date)

0+5-NMOCD, H 1-R. E. Ogden, HOU Rm. 21.150 1-F. J. Nash
 HOU Rm. 4.206 1-CIF 1-Texaco 1-Shell 1-Sun

OIL CONSERVATION COMMISSION

NOV 15 1983

APPROVED _____
 ORIGINAL SIGNED BY JERRY SEXTON 19
 BY _____
 DISTRICT I SUPERVISOR

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 deviatric tests taken on the well in accordance with RULE 1111.
 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 multiple completed wells.

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O.C.D.
HOBBS OFFICE