

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Form C-104
Revised 10-01-78
Format 00-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company

Address
P. O. Box 68 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Request allowable to produce
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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. 163	Pool Name, including Formation Hobbs GSA	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>K</u> : <u>2475</u> Feet From The <u>South</u> Line and <u>2475</u> Feet From The <u>West</u> Line of Section <u>10</u> Township <u>19-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) EFFECTIVE: February 1, 1992 4001 Penbrook, Odessa, TX 79761
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 10 19-S 38-E
Is gas actually connected?	When Yes 3-5-84

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Cathy L. Forman
(Signature)
Assistant Administrative Analyst
(Title)
3-23-84
(Date)

0+5 - NMOCD, H 1-J. R. Barnett, Hou. 1-CLF
1-F.J. Nash, Hou 1-Petro Lewis 1-Sun 1-Shell
1-Texaco

OIL CONSERVATION DIVISION
APPROVED APR 2 1984, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 1 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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
11-29-83	3-5-84		4300'		4260'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3600.2' GL	GSA		4178'		4214'				
Perforations 4172'-76', 78'-82', 85'-87', 4192'-4202', & 14'-22' w/4 SPF (squeezed w/cement); 4178'-84'; 4184'-88', 4192'-4204', 07-12', & 14'-22'						Depth Casing Shoe			
						4300'			
TUBING, CASING, AND CEMENTING RECORD W/4 JSPF									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		1635'		875 CT C w/add			
7-7/8"		5-1/2"		4300'		1550 CT C neat			
		2-7/8"		4214'					

V. 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.)	
12-31-84 83	3-5-84	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
1 BO, 54 BW, 0 MCFD	1	54	0

GAS WELL

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

RECEIVED
MAR 29 1984
C. B.
HOBBS