

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
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 06-01-83  
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)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain): Initial Completion

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

II. DESCRIPTION OF WELL AND LEASE

Lease No. South Hobbs (GSA) Unit Well No. 175 Pool Name, including Formation Hobbs Grayburg San Andres Kind of Lease State Federal or Fee

Location SL/BHL Lease No. A; 1010/924 Feet From The North Line and 820/938 Feet From The East

Unit Letter A Line of Section 6 Township 19-S Range 38-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate

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  or Dry Gas

Phillips Petroleum Company GPM Gas Corporation Address (Give address to which approved copy of this form is to be sent) Ranbrook, Odessa TX 79761

If well produces oil or liquids, give location of tanks. Unit A Sec 6 Twp 19-S Rng 38-E REFLECTIVE: February 1, 1992 When 12-19-84

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.

Hary C. Clark  
(Signature)  
Asst. Admin. Analyst  
(Title)  
12-28-84  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JAN - 4 1985  
BY JERRY SEXTON  
DISTRICT 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.

- 0+5 NMOCADH 1-JRB (Date) 1-FJN 1-GCC 1-TEX
- 1-Sun 1-Shell 1-PL 2-Arco
- 1-Shell P. 1-Phillips

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-15-84		Date Compl. Ready to Prod. 12-26-84		Total Depth 4319		P.S.T.D. 4310'			
Elevations (DF, RKB, RT, GR, etc.) 3625.3' GR		Name of Producing Formation Hayburg San Andres		Top Oil/Gas Pay 4213		Tubing Depth 4304'			
Perforations 4213-4274 non-continuous w/4SPF		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"		14"		40'		5 yds			
12 1/4"		8 3/8"		1555'		875			
7 7/8"		5 1/2"		4319'		850			

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 12-20-84		Date of Test 12-26-84		Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls. 8		Water - Bbls. 107	
				Choke Size 3	

GAS WELL

Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (2hr-1d)		Casing Pressure (2hr-1d)		Choke Size	

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