

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 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  Castinghead 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 Name <u>South Hobbs (GSA) Unit</u>	Well No. <u>176</u>	Pool Name, including Formation <u>Hobbs GSA</u>	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or <input type="radio"/> Fee	Lease No. <u>A-1046-5</u>
Location				
Unit Letter <u>A/D</u>	<u>1200/1151</u> Feet From The <u>North</u>	Line and <u>213/129</u>	Feet From The <u>East/West</u>	
Line of Section <u>6/5</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"/> <u>Shell Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1008, Hobbs, NM 88240</u>
Name of Authorized Transporter of Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Tx 79761</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>A 6 19S 38-E</u> <u>Yes</u> <u>12-31-84</u>

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.

Larry C. Clark  
(Signature)  
Asst. Admin. Analyst  
(Title)  
2-8-85

075 NMOCD, # 1-JRB 1-244N 1-GCC 1-Tex 1-Sun  
1-Shell 1-PL 2-ARCO 1-Shell P.L. 1-Phillips

OIL CONSERVATION DIVISION  
APPROVED FEB 1 2 1985  
BY Eddie W. Seay  
TITLE Oil & Gas Inspector

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 <input checked="" type="checkbox"/>	Gas well	New well	Workover	Deepen	Plug back	Same Res'v.	Diff. Res'v.
Date Spudded 11-30-84	Date Compl. Ready to Prod. 1-24-85	Total Depth 4344			P.B.T.D. 4320'				
Elevations (DF, RKB, RT, GR, etc.) 3622' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4200			Tubing Depth 4291'				
Perforations 4248-4286 non-cont. + 4200-4239 non-cont.							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	14"	40'	5 yds
12 3/4"	8 5/8"	1569'	875 yds
7 7/8"	5 1/2"	4344'	750 yds
	2 7/8"	4291'	

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 12-31-84	Date of Test 1-24-85	Producing Method (flow, pump, gas lift, etc.) Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 15	Water - Bbls. 452	Gas - MCF 0

GAS WELL

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

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