

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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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

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 Dry Gas Casinthead 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. <u>South Hobbs (GSA) Unit</u>	Well No. <u>189</u>	Pool Name, including Formation <u>Hobbs GSA</u>	Kind of Lease (State, Federal or Fee) <u>State</u>	Lease No. <u>B-2656</u>
Location				
Unit Letter <u>J</u>	: <u>1685/1501</u> Feet From The <u>South</u>	Line and <u>2475/2462</u> Feet From The <u>East</u>		
Line of Section <u>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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipeline Corporation</u>	<u>Box 1910 Midland, Texas 79701</u>
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>GPM Gas Corporation</u> <u>2001 Penbrook, Odessa, Tx 79762</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Range
<u>yes</u>	<u>J 5 19-S 38-E</u>
	When <u>3-7-85</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.

Gary C. Clark
(Signature)
Asst. Admin. Analyst
(Title)
3-22-85
(Date)

1-Tex 1-Sun 1-Shell 1-Kirby 2-Aroo
1-JRB 1-FJN 1-GCC

OIL CONSERVATION DIVISION

APPROVED MAR 25 1985, 1985
BY ORIGINAL SIGNATURE
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded 1-18-85		Date Compl. Ready to Prod. 3-11-85		Total Depth 4315		P.B.T.D. 4300			
Elevations (DF, RKB, RT, GR, etc.) 3614.8' GR		Name of Producing Formation Hayburg-San Andres		Top Oil/Gas Pay 4155		Tubing Depth 4268'			
Perforations 4155-4228		Depth Casing Shoe							
HOLE SIZE				TUBING, CASING, AND CEMENTING RECORD					
		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		14"		40'		5400			
7 7/8		8 5/8"		1529		875			
		5 1/2"		4315		2060			
		2 7/8		4268					

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 Tank 3-7-85		Date of Test 3-11-85		Producing Method (Flow, pump, gas lift, etc.) Pumping			
Length of Test 24 hrs		Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test		Oil - Bbls. 79		Water - Bbls. 458		Gas - MCF 102	

GAS WELL

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

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