

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<u>Request allowable.</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<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 <u>South Hobbs GSA Unit</u>	Well No. <u>200</u>	Pool Name, including Formation <u>Hobbs GSA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>A-1646</u>
Location				
Unit Letter <u>G</u>	<u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>			
Line of Section <u>6</u>	Township <u>19-S</u>	Range <u>38-E</u>	NMPL, <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 Company</u>	<u>P.O. Box 1008, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" 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, 4001 Penbrook, Dallas, TX 75216</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>Unit G, Sec. 6, Twp. 19-S, Rge. 38-E</u>	<u>yes 12-11-85</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.

Charles M. Lanning
(Signature)
Administrative Analyst (SG)
(Title)
12/30/85
(Date)

OIL CONSERVATION DIVISION

JAN 2 - 1986

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I 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.
Date Spudded 10-16-85	Date Compl. Ready to Prod. 12-27-85	X		X					
Elevations (DF, RKB, RT, GR, etc.) 3632.4' GL	Name of Producing Formation GSA	Total Depth 4185'		P.B.T.D. 4179'					
Perforations 4067' - 4170'		Top Oil/Gas Pay 4067'		Tubing Depth 4073'					
				Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
18"	14"	40'	2 1/2 yds 1 3/4 x Redi-Mix
12 1/4"	8 5/8"	1595'	875 SX C/C
7 7/8"	5 1/2"	4175'	1150 SX C/C A Salt Water
	2 7/8"	4073'	

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 12-26-85	Date of Test 12-27-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 13 Bbls	Oil - Bbls. 7	Water - Bbls. 6	Gas - MCF 1

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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INCLINATION REPORT

OPERATOR: AMOCO PRODUCTION COMPANY ADDRESS: P.O. BOX 68, HOBBS, N.M. 88240
 LEASE NAME: S.H.U. WELL NO: #200 FIELD: _____
 LOCATION: LEA COUNTY, NEW MEXICO

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
450	1/4	.44	1.9800
966	1/2	.87	6.4692
1420	1	1.75	14.4142
1595	1	1.75	17.4767
2080	1/2	.87	21.6962
2574	3/4	1.31	28.1676
3070	3/4	1.31	34.6652
3318	1 1/4	2.18	40.0716
3818	1 1/4	2.18	50.9716
4175	1 1/4	2.18	58.7542

I HEREBY CERTIFY THAT THE ABOVE DATA AS SET FORTH IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE BELIEF.

CACTUS DRILLING COMPANY

Renee Hill

TITLE: RENEE HILL/DRILLING SECRETARY

AFFIDAVIT:

BEFORE ME, THE UNDERSIGNED AUTHORITY, APPEARED RENEE HILL KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED HEREBELOW, WHO, ON MAKING DESPOSTION, UNDER OATH STATES THAT SHE IS ACTING FOR AND IN BEHALF OF THE OPERATOR OF THE WELL IDENTIFIED ABOVE, AND THAT TO THE BEST OF HER KNOWLEDGE AND BELIEF SUCH WELL WAS NOT INTENTIONALLY DEVIATED FROM THE TRUE VERTICAL WHATSOEVER.

Renee Hill

AFFIANT'S SIGNATURE

SWORN AND SUBSCRIBED TO IN MY PRESENCE ON THIS THE 6th DAY OF Nov., 1985

Garlin R. Taylor

NOTARY PUBLIC IN AND FOR THE COUNTY
OF MIDLAND, STATE OF TEXAS

SEAL



GARLIN R. TAYLOR
Notary Public, State of Texas
My Commission Expires: 7-5-89

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HOUSTON, TEXAS