

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

| | |
|------------------------|-----|
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| FILE | |
| U.S.O.C. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |
| Operator | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Amoco PProduction Company

Address

P. O. Box 68, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well

☐

Change In Transporter of:

Recompletion

☒

Oil

☐

Dry Gas

☐

Change In Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Request approval to temporarily surface commingle with other Southland Royalty Wells. API Gravity 53 at 58°.

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
FORMED BY THE FOLLOWING OWNERS:
SEE THE OFFICE.

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------|----------|--------------------------------|---------------------------|--------------------|
| Lessee Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Southland Royalty A | 1 | Und. Abo | State, Federal or Fee Fee | |
| Location | | | | |
| Unit Letter | G | 1980 Feet From The | North Line and | 1980 Feet From The |
| Line of Section | 9 | Township | 21-S | Range |
| | | | 37E | NMPM, |
| | | | Lea | County |

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) | | | | | |
| Texas New Mexico Pipeline | P. O. Box 1510, Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead 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) | | | | | |
| Warren Petroleum | P. O. Box 1589, Tulsa, Okla. 74102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | B | 9 | 21 | 37 | Yes | |

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

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res' |
| | X | | | | X | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 12-2-81 | 1-19-82 | 7565 | 6980 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 3488 GL | ABo | 6822 | 6774 | | | | | |
| Perforations | | | Depth Casing Shoe | | | | | |
| 6822-6843 | | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17-1/4 | 13-3/8 | 237 | 248 |
| 12 | 9-5/8 | 3800 | 1500 |
| 8-3/4 | 7 | 6684 | 600 |
| | 2-3/8 | 6774 | |

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)

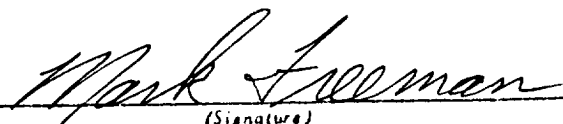
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 1-19-82 | 1-19-82 | Flowing | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hours | 500 | | 30/64 |
| Actual Prod. During Test | Oil-Bbla. | Water-Bbla. | Gas-MCF |
| 88 | 88 | 0 | 2613 |

GAS WELL

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

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



Assist. Admin. Analyst

(Title)

2-9-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY Orig. Signed by Les ClementsTITLE Oil & Gas Insp.

This form is to be filled 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 deviated 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.