

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
**Amoco Production Company**

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<b>Deviation Survey Attached</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name <b>State LT</b>	Well No. / Pool Name, including Formation <b>1 / Wildcat Bone Springs 7-18</b>	<b>1-6439</b>
Kind of Lease State, Federal or Fee State		
Location		
Unit Letter <b>K</b>	: <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b>	
Line of Section <b>32</b>	Township <b>21-S</b>	Range <b>33-E</b> , 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"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1492 El Paso, Texas 79978</b>
If well produces oil or liquids, give location of tanks. Unit <b>K</b> Sec. <b>32</b> Twp. <b>21-S</b> Rge. <b>33-E</b>	Is gas actually connected? <b>No</b> When _____

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 Restv.	Diff. Restv.
<b>X</b>		<b>X</b>							
Date Spudded <b>7-30-81</b>	Date Compl. Ready to Prod. <b>2-3-82</b>	Total Depth <b>15140</b>		P.B.T.D. <b>12147</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3720.9 GL</b>	Name of Producing Formation <b>Bone Springs</b>	Top Oil/Gas Pay <b>9275</b>		Tubing Depth <b>9136</b>		Depth Casing Shoe			
Perforations <b>9480-9490 9275-9295</b>									

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>20</b>	<b>16</b>	<b>500</b>	<b>600 Sx CLC</b>
<b>14-3/4</b>	<b>10-3/4</b>	<b>5232</b>	<b>4000 Sx lite 250 Sx CLC</b>
<b>9-1/2</b>	<b>7-5/8</b>	<b>12065</b>	<b>500 Sx lite, 1225 Sx H</b>
	<b>2-7/8</b>	<b>9136</b>	<b>TCMT 3890</b>

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)

OIL WELL			
Date First New Oil Run To Tanks <b>2-3-82</b>	Date of Test <b>2-3-82</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>53</b>	Oil-Bbls. <b>30</b>	Water-Bbls. <b>23</b>	Gas-MCF <b>86</b>

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

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.

*Mark Randolph*  
(Signature)  
Assist. Admin. Analyst  
(Title)  
2-8-82  
(Date)

OIL CONSERVATION DIVISION  
**FEB 19 1982**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **JERRY S. [Name]**  
TITLE **DISTRICT [Title]**

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.