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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

**JUN 24 1981**

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE OIL CONSERVATION DIVISION**  
 AND  
**SANTA FE**  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Replaces Old C-104 and C-110  
 Effective 1-1-65

Operator <b>Amoco Production Company</b>	
Address <b>P. O. Box 68 Hobbs, NM 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Become operator of Sun Texas well McCarty No. 1. Change name to BDCDGU 1831 341
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" 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 **Sun Texas Company, P. O. Box 4067, Midland, TX 79701**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>BDCDGU 1831</b>	Well No. <b>341</b>	Pool Name, Including Formation <b>Und. Tubb</b>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <b>A</b> ; <b>990</b> Feet From The <b>East</b> Line and <b>990</b> Feet From The <b>North</b>				
Line of Section <b>34</b> Township <b>18-N</b> Range <b>31-E</b> , NMPM, <b>Harding</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When	

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		<b>C02</b>						
Date Spudded <b>8-11-78</b>	Date Compl. Ready to Prod. <b>8-23-78</b>		Total Depth <b>2415'</b>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <b>4382' GL</b>	Name of Producing Formation <b>Tubb</b>		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11"</b>	<b>8-5/8"</b>		<b>171'</b>		<b>200 SX</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>2410'</b>		<b>400 SX</b>			

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(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	Flow Test	Producing Method (Flow, pump, gas lift, etc.)
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