

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

|                        |     |
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| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Amoco Production Company

Address

P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Change in Transporter of:

Recompletion

Oil

Dry Gas

Change in name of transporter

Change in Ownership

Casinghead Gas

Condensate

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

DESCRIPTION OF WELL AND LEASE

|   |               |   |  |                    |
|---|---------------|---|--|--------------------|
| Lease Name<br>Nellis Federal  | Well No.<br>2 | Pool Name, including Formation<br>Buffalo Penn Morrow | Kind of Lease<br>State, Federal or Fee<br>Federal NM | Lease No.<br>07700 |
| Location<br>Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u><br>Line of Section <u>6</u> Township <u>19-S</u> Range <u>33-E</u> , NMPM, Lea _____ County _____ |               |   |  |                    |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |           |                 |            |
|--|--|-----------|-----------------|------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |           |                 |            |
| Amoco Production Company - Trucks  | P. O. Box 1183, Houston, TX 77001  |           |                 |            |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |           |                 |            |
| Southern Union Gathering Co.   | First International Bldg., Dallas, TX                                    |           |                 |            |
| If well produces oil or liquids, give location of tanks.   | Unit<br>0  | Sec.<br>6 | Twp.<br>19      | Rge.<br>33 |
|  | Is gas actually connected? Yes   |           | When<br>6-14-79 |            |

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. Re |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth |                 |        | P.B.T.D.     |                   |          |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation |          |             | Top Oil/Gas Pay |        | Tubing Depth |                   |          |
| Perforations                       |                             |          |             |                 |        |              | Depth Casing Shoe |          |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

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)

1-7-82

(Date)

OIL CONSERVATION DIVISION

JAN 13 1982

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Eric Stencel

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.