

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Company		Well API No. 30-025-31608
Address P. O. Box 3092 (Room 16.110), Houston, TX 77253-3092		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nellis Federal	Well No. 6	Pool Name, Including Formation Buffalo Yates	Kind of Lease State, Federal or Fee	Lease No. NM 077002
Location Unit Letter <u>D</u> : <u>990'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>West</u> Line Section <u>6</u> Township <u>19-S</u> Range <u>33-E</u> , <u>NMPM</u> , <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"/> Amoco Pipeline Intercompany Trucking	Address (Give address to which approved copy of this form is to be sent) 502 N. West Avenue, Levelland, TX 79336					
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 D	Sec. 6	Twp. 19S	Rge. 33E	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-19-92	Date Compl. Ready to Prod. 6-19-92 8-12-92	Total Depth 3724'	P.B.T.D. 3634'					
Elevations (DF, RKB, RT, GR, etc.) 3695.4	Name of Producing Formation Buffalo Yates	Top Oil/Gas Pay	Tubing Depth 3582'					
Perforations 3504' - 3528'			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" K-55	425'	250 sx Class C
7-7/8"	5-1/2" K-55	3750'	650 sx Class C
Tubing: 2-7/8" J-SS			

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 Tank 8-12-92	Date of Test 8-12-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test N/A	Oil - Bbls. 22	Water - Bbls. 11	Gas - MCF 65

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

VI. OPERATOR 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.

Signature Devina M. Prince
Printed Name Devina M. Prince Staff Assistant
Date 9-9-92 Title
(713) 596-7686 Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 26 '92
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.