

OIL CONSERVATION DIVISION

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

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. 30-025-31419

Address P.O. Box 3092, Houston, TX 77253

Reason(s) for Filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>South Hobbs (GSA) Unit</u>	Well No. <u>232</u>	Pool Name, including Formation <u>Hobbs Grayburg-San Andres</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No.
Location				
Unit Letter <u>G</u>	<u>1710</u>	Feet From The <u>North</u>	Line and <u>1630</u>	Feet From The <u>East</u> Line
Section <u>4</u>	Township <u>19-S</u>	Range <u>38-E</u>	<u>NMPM</u>	Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipeline</u>	<u>831 Sunrise Circle, Hobbs, NM 88240</u>
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)
<u>Phillips Petroleum Co. GPM Gas Corp</u>	<u>1625 W. Marland, Hobbs, NM 88240</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	<u>A</u> <u>9</u> <u>19-S</u> <u>38-E</u> <u>Yes</u> <u>12-19-91</u>

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 <u>11/29/91</u>	Date Compl. Ready to Prod. <u>12/19/91</u>	Total Depth <u>4304'</u>	P.B.T.D. <u>4301'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3614.1' GR</u>	Name of Producing Formation <u>Grayburg San Andres</u>	Top Oil/Gas Pay <u>4087'</u>	Tubing Depth <u>4013'</u>					
Perforations <u>4087'-97'; 4106'-24'; 4130'-46'; 4152'-98'; 4204'-34'; 4243'-62'</u>		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>14 3/4"</u>	<u>10 3/4"</u>	<u>1500'</u>	<u>1200 sx class "c"</u>					
<u>9 7/8"</u>	<u>5 1/2"</u>	<u>4304'</u>	<u>1025 sx Premium Plus</u>					
	<u>2 7/8"</u>	<u>4013'</u>						

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 <u>12/19/91</u>	Date of Test <u>1-27-92</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>25 PSI</u>	Casing Pressure <u>22 PSI</u>	Choke Size <u>—</u>
Actual Prod. During Test	Oil - Bbls. <u>69</u>	Water - Bbls. <u>1113</u>	Gas - MCF <u>50</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pucc, 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.

Kim A. Colvin
 Signature
Kim A. Colvin, Asst. Admin. Analyst
 Printed Name Title
4-13-92 713-589-1413
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 12 '92
 By _____
 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.