

JUN 24 1981

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

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

Operator
Amoco Production Company

Address
P. O. Box 68 Hobbs, NM 88240

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

| | | |
|---|---|---|
| New Well <input type="checkbox"/> | Change in Transporter of: | Become operator of Sun Texas well McCarty No. 1. Change name to BDCDGU 1831 341 |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Ownership <input checked="" 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 BDCDGU 1831 | Well No. 341 | Pool Name, Including Formation Und. Tubb | Kind of Lease State, Federal or Fee | Lease No. |
| Location | | | | |
| Unit Letter A ; 990 Feet From The East Line and 990 Feet From The North | | | | |
| Line of Section 34 Township 18-N Range 31-E , NMPM, Harding 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'v. | Diff. Res'v. |
| | | C02 | | | | | | |
| Date Spudded 8-11-78 | Date Compl. Ready to Prod. 8-23-78 | Total Depth 2415' | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4382' GL | Name of Producing Formation Tubb | Top Oil/Gas Pay | | Tubing Depth | | | | |
| Perforations | | | | Depth Casing Shoe | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 8-5/8" | | 171' | | 200 SX | | | |
| 7-7/8" | 4-1/2" | | 2410' | | 400 SX | | | |

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