

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 24 1981

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Amoco Production Company /

Address

P. O. Box 68, Hobbs, NM 88240

Reasons for filing (Check proper box)

New Well	☒	Change in Transporter of:		Other (Please explain)
Recompletion	☐	Oil	☐	Deviation survey attached
Change in Ownership	☐	Casinghead Gas	☐	
		Dry Gas	☒	
		Condensate	☐	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State JA	Well No. 1	Pool Name, Including Formation Lost Lake Wildcat Strawn Gas	Kind of Lease State, Federal or Fee State	Lease No. L-4920
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>36</u> Township <u>8-S</u> Range <u>29-E</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Western Oil Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Cities Service	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1919 Midland					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 36	Twp. 8-S	Rge. 29-E	Is gas actually connected? No	When 6-8-83

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't	Diff. Res't
		X	X					
Date Spudded 10-17-80	Date Compl. Ready to Prod. 7-26-81		Total Depth 9300		P.B.T.D. 9280			
Elevations (DF, RNN, RT, GR, etc.) 4070.4 GL	Name of Producing Formation Strawn		Top Oil/Gas Pay 8442		Tubing Depth 8490			
Perforations 8442'-8476'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
16"	13-3/8"	315'	400 SX Class C with add.
12-1/4"	9-5/8"	2593'	1750 SX Lite, 200 SX Class C
8-3/4"	5-1/2"	9300	2400 SX Lite, 400 SX Class H
8-3/4"	2-3/8"	8370	

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.)	
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 1119	Length of Test 24	Bbls. Condensate/MMCF 25	Gravity of Condensate
Testing Method (pilot, back pr.) Flow	Tubing Pressure (shut-in) 550#	Casing Pressure (shut-in)	Choke Size 15/64

CERTIFICATE OF COMPLIANCE 0+4-NMOCD, A
1-Hou 1-Susp 1-W. Stafford, Hou 1-MDR

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)

Asst. Admin. Analyst

8-21-81

OIL CONSERVATION DIVISION

JUL 17 1984

APPROVED _____, 19

Original Signed By

BY Leslie A. Clements

Supervisor District II

TITLE _____

This form is to be filed in compliance with RULE 1-104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1-111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition. Separate Form C-104 must be filed for each pool in multiple.