

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

B 5 1971

(DEVIATION SURVEYS - BACK SIDE)

O. C. C.

ARTESIA, OFFICE

1.

Operator AMOCO PRODUCTION COMPANYPAN AMERICAN PETROLEUM CORPORATION

Address

BOX 68, HOBBS, N. M. 88240

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐Other (Please explain) EFFECTIVE 2-1-71 NAME  
TO BE CHANGEDFROM: PAN AMERICAN PETROLEUM CORPORATIONTO: AMOCO PRODUCTION COMPANYIf change of ownership give name  
and address of previous ownerCASINGHEAD GAS MUST NOT BE  
FLARED AFTER 3-30-71UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE E K</u>	Well No. <u>2</u>	Pool Name, including Formation <u>DOUBLE L QUEEN</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>K-5652-2</u>
Location Unit Letter <u>D</u> <u>330</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>WEST</u>				
Line of Section <u>25</u> Township <u>14-S</u> Range <u>29-E</u> , NMPM, <u>CHAVES</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"/> <u>THE PERMIAN CORP (TRUCKS)</u>	Address (Give address to which approved copy of this form is to be sent) <u>MIDLAND TEXAS</u>					
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 <u>D</u>	Sec. <u>25</u>	Twp. <u>14</u>	Rge. <u>29</u>	Is gas actually connected? <u>No</u>	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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>1-21-71</u>	Date Compl. Ready to Prod. <u>1-29-71</u>		Total Depth <u>1943</u>		P.B.T.D. <u>1917</u>			
Elevation (D.F., RKB, RT, GR, etc.) <u>3812' R.D.B.</u>	Name of Producing Formation <u>QUEEN</u>		Top Oil/Gas Pay <u>1890</u>		Tubing Depth <u>1905</u>			
Perforations <u>1890-1900</u>					Depth Casing Shoe <u>1943</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>11"</u> <u>7 7/8"</u>	CASING & TUBING SIZE <u>8 5/8"</u> <u>4 1/2"</u> <u>2 3/8"</u>		DEPTH SET <u>351</u> <u>1943</u> <u>1905</u>		SACKS CEMENT <u>275</u> <u>200</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 Tanks <u>1-29-71</u>	Date of Test <u>1-31-71</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>120</u>	Oil - Bbls. <u>110</u>	Water - Bbls. <u>10 BLW</u>	Gas - MCF <u>NA</u>

## 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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

014-NMCCC-ART

1-AC1

1-000

1-SSSD

1-JEL

1-RR4

INDEPENDENT

FEB 3 1971

(Date)

## OIL CONSERVATION COMMISSION

APPROVED FEB 3 1971, 19BY W. A. GressettTITLE OIL AND GAS PRODUCTION

This form is to be filed in compliance with RULE 1104.

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 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 Forms C-104 must be filed for each pool in multiply completed wells.

<u>DEVIATION</u>	<u>SURVEYS</u>
<u>DEPTH</u>	<u>DEGREE OFF</u>
351	$\frac{1}{2}$
835	$\frac{1}{2}$
1328	$\frac{3}{4}$
1642	"
1851	"
1943	1 -

The above are true to the best of my knowledge.

AREA SUPERINTENDENT

Sworn to this date, February 3, 1971.

ER McArthur  
 Notary Public In & For Lea Co. N.M.  
 My Commission Expires 6-18-72

NO. OF COPIES RECEIVED	5
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U.S.G.S.	
LAND OFFICE	
OPERATOR	1

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

# NEW MEXICO OIL CONSERVATION COMMISSION

FEB 5 1971

O. C. C.

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-5652-2
7. Unit Agreement Name
8. Farm or Lease Name STATE "EK"
9. Well No. 2
10. Field and Pool, or Wildcat DOUBLE "L" QUEEN
12. County CHAVES

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. NAME OF OPERATOR NORTH DAKOTA OIL COMPANY
3. Address of Operator BOX 50, FORTS, N. D. 58240
4. Location of Well UNIT LETTER D 330 FEET FROM THE NORTH LINE AND 990 FEET FROM THE WEST LINE, SECTION 25 TOWNSHIP 14-S RANGE 29-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3812' R.D.B.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Completion operations

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On 1-24-71, 4 1/2" OD 9.5 # J-55 Casing was set @ 1943' w/ 200 Sx. Incon meat. Tested casing w/ 1500 psi for 30 min. Test. O.K. After WOC appx 24 hrs. perforated interval 1890' - 1900' w/ 2JSPT. Acidized w/ 500 gal MCA. Fraced w/ 25000 gal gelled brine + 25000 # sand. Evaluated. PT Pmp. 110 BO + 10 BLW 24 hrs. 34° CGR.

TD-1943' PAD-1917'

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED \_\_\_\_\_

TITLE AREA SUPERINTENDENT

FEB 8 1971  
DATE JAN 25 1971

2 APPROVED - Asst  
1-ACJ

APPROVED BY \_\_\_\_\_

TITLE OIL AND GAS SUPERVISOR

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

1-RBY

NEW MEXICO  
OIL CONSERVATION COMMISSION

P. O. DRAWER DD  
ARTESIA, NEW MEXICO

Jan. Feb. 1971

No. A 59

**SUPPLEMENT TO THE OIL PRORATION SCHEDULE**

DATE 2/2/71

PURPOSE: ALLOWABLE ASSIGNMENT (Testing)

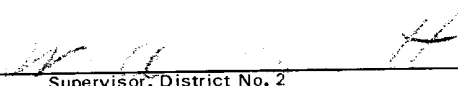
Effective 2/2/71, a testing allowable of 1000 barrels of oil is hereby assigned to the Amoco Production Co., State #K #2-D, 25-14-29, Undesignated Double L-Queen Pool.

WAG:jw

Amoco Prod. Co.

Permian

OIL CONSERVATION COMMISSION

  
\_\_\_\_\_  
Supervisor, District No. 2

EXTRA COPY

NEW MEXICO  
OIL CONSERVATION COMMISSION  
OFFICE OF THE COMMISSIONER  
ATLANTA, NEW MEXICO

NOTICE

SUPPLEMENT TO THE OIL PRODUCTION SCHEDULE

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