

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

Form O-104
Supersedes OIL C-101 and C-1
Effective 1-1-65

RECEIVED

DEC 19 1978

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Amoco Production Company

O. C. C.
ARTESIA, OFFICE

Address
P.O. Drawer "A", Levelland, Texas 79336

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hondo Federal Gas Com	Well No. 1	Pool Name, Including Formation Logan Draw Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. LC-06784
Location Unit Letter <u>J</u> ; <u>1650</u> Feet From Tie <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>17-S</u> Range <u>27-E</u> , N.M.P.M., <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ The Permian Corporation (trucks)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Gas Co. of N.M.	Address (Give address to which approved copy of this form is to be sent) 1st Nat. Bldg. Dallas, Tex. 75201	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 27
	Twp. 17	Rge. 27
	Is gas actually connected? <u>yes</u> When <u>5-10-76</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Diff. Res'n.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.O.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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.

Dennis Ennis
(Signature)

Assistant Administrative Analyst

December 14, 1978

(Date)

OIL CONSERVATION COMMISSION

DEC 20 1978

APPROVED _____, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the 6 month 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 conditions.