

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OCT 17 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA, OFFICE

Operator		Well APT No.
Amoco Production Company		30-015-20937
Address		
P. O. Box 3092, Houston, TX 77253		
Reason(s) for Filing (Check proper box)		
New Well	<input type="checkbox"/> Other (Please explain)	
Recompletion	<input checked="" type="checkbox"/>	
Change in Operator	<input type="checkbox"/>	
Change in Transporter of:		
Oil	Dry Gas	<input type="checkbox"/>
Casinghead Gas	Condensate	<input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hondo Fed Gas Com	1	Wildcat Wolfcamp Pool	State, Federal or Other	LC-067849
Location				
Unit Letter	J	1650	Feet From The	South
Line and	2310	Feet From The	East	Line
Section	27	Township	17-S	Range
27-E	NMPM	Eddy	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	<input checked="" type="checkbox"/>	P. O. Box 1183, Houston, TX 77251-1183
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Company	<input type="checkbox"/>	77251 P. O. Box 1967, 6330 W. Loop S.; Houston, TX
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	27
	17-S	27-E
Is gas actually connected?	When ?	
Yes	7-01-87	

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
		X				X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	7/2/90	9778'	6781'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3492' RDB	Wolfcamp	6550'	6530'					
Perforations	Depth Casing Shoe							
6550'-6570' 4 JSPF .48 diam; 6680'-6710' 4 JSPF; 6716'-6723' 4 JSPF								

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	1792'	835
7-7/8"	5-1/2"	9778'	375

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	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/MMCF	Gravity of Condensate
1709	24	50	57.9
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
4 point back pressure	1440	0	6/64

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.

Signature	
Phillip W. Hill	Asst. Admin. Analyst
Printed Name	Title
10/11/90	713/596-7614
Date	Telephone No.

OIL CONSERVATION DIVISION

OCT 30 1990

Date Approved

By ORIGINAL SIGNED BY
MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.