

TYPE OF WELL		
SANTA FE		
FREE		
W.B.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

RECEIVED

APR 20 1979

Operator Amoco Production Company	
Address P.O. Drawer "A", Levelland, Texas 79336	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	Other (Please explain) ADD TRANSPORTER OF GAS.
Change in Ownership ☐	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE	
Lease Name Johnson	Well No. 1
Location Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East	Kind of Lease State, Federal or Free Fee
Line of Section 10 . Township 18-S Range 25-E , NMPM, Eddy County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Natural Gas Pipeline of America	P.O. Box 236, Midland, TX 79701
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	No Yes 8-23-79

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 Resv. Diff. Resv.
Date Spudded	Date Compl. Ready to Prod. Total Depth P.D.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

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	Length of Test
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)
	Eble. Condensate/MCF Casing Pressure (shut-in) Choke Size

CERTIFICATE OF COMPLIANCE	
0+4-NMOCDA 1-RWA 1-Susp 1-Houston	
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.	
Ray Cox (Signature)	
Administrative Supervisor	
April 19, 1979 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED AUG 29 1979	
BY W.A. Drossett	
SUPERVISOR, DISTRICT II	
TITLE	
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 production tests taken on the well in accordance with RULE 111.	
All portions 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 change of owner, well name or number, or transporter, or other such change of condition.	

NO. OF COPIES RECEIVED	
DEPARTMENT	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes Old C-101 and C-102
Effective 1-1-65

RECEIVED

MAY 18 1978

Operator Amoco Production Company		O. C. C. ARTESIA, OFFICE	
Address P.O. Drawer A, Levelland, Texas 79336			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☒	Change in Transporter of ☐		
Recompletion ☐	Oil ☐ Dry Gas ☐		
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐		

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Johnson	Well No. 1	Pool Name, including Formation W. Atoka Morrow	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East Line of Section 10 Township 18-S Range 25-E, NMFM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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.	Pge.	Is gas actually connected?	When
					No	

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 1-28-78	Date Compl. Ready to Prod. 5-5-78	Total Depth 8705	P.B.T.D. 8663					
Elevations (DF, RKB, RT, GR, etc.) 3494.2 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 8559	Tubing Depth 8494					
Perforations 8559-8568	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	416'	400 C.I.C. & 100 Thikmix
12 1/4"	8 5/8"	1495'	765 Filler & 200 C.I.C.
7 7/8"	5 1/2"	8700'	1100 Lite Wt & 400 C.I.H.
	2 3/8" TBG	8494'	

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)

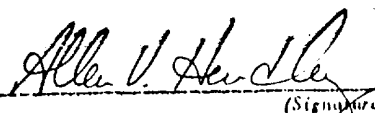
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 400	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 2400#	Casing Pressure (Shut-in) 875#	Choke Size 14/64

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.

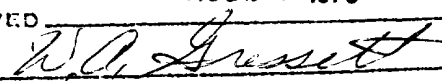

(Signature)
Administrative Analyst

May 17, 1978

264-NMOCC-A 1-SUSP (Date)

OIL CONSERVATION COMMISSION

AUG 29 1979

APPROVED _____, 19____
BY 

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 deepened well, this form must be accompanied by a tabulation of the deviation logs taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable on new and re-completed 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.

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AUG 28 1979

O. C. C.
ARTESIA, OFFICE

OIL CONSERVATION COMMISSION

P. O. DRAWER DD

ARTESIA, NEW MEXICO 88210

NOTICE OF GAS CONNECTION ✓

Date 8-24-79

This is to notify the Oil Conservation Commission that connection
for the purchase of gas from the ~~Amoco Oil Company~~
Operator

~~Amoco G. E. Johnson State Comm~~

Lease

#1

H

S10, T18S, R25E

Well & Unit

S.T.R.

West Atoka Morrow

Pool

Natural Gas Pipeline Co. of America

Name of Purchaser

was made on 8-23-79

Natural Gas Pipeline Co. of America

Purchaser

W. L. Wenger

W. L. Wenger

Representative

Engineer

Title

cc: To operator
Oil Conservation Commission - Santa Fe