| DISTRIBUTION | | |
|---|---|---|
| SANTA FE | | |
| FILE | | ✓ |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION 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
O. C. C.
ARTESIA, OFFICE

Operator
Amoco Production Company

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

Reason(s) for filing (Check proper box)

| | | | |
|---|---|---|---|
| New Well | [X] | Change in Transporter of: | |
| Recompletion | [ ] | Oil [ ] | Dry Gas [ ] |
| Change in Ownership | [ ] | Casinghead Gas [ ] | Condensate [ ] |

Other (Please explain)
ADD TRANSPORTER OF GAS.

If change of ownership give name and address of previous owner _____

## DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Johnson | 1 | W. Atoka ~~Und~~ Morrow | State, Federal or Fee Fee | |

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 , 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 [X] | 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. | Unit | Sec. | Twp. | Rge. | 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.B.T.D. |
|---|---|---|---|
| | | | |
| Elevations (DF, RKB, RT, GR, 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

(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)

### OIL WELL

| 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/MMCF | Gravity of Condensate |
|---|---|---|---|
| | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |

## CERTIFICATE OF COMPLIANCE

0+4-NMOCD,A 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
(Title)

April 19, 1979
(Date)

## OIL CONSERVATION COMMISSION

APPROVED AUG 29 1979, 19 _____

BY W. A. Gressett
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 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.

| NO. OF COPIES RECEIVED | | |
|---|---|---|
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION 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
MAY 18 1978
O. C. C.
ARTESIA, OFFICE

Operator
Amoco Production Company

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

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

## DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Johnson | 1 | W. Atoka Morrow | State, Federal or Fee Fee | |

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 , 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) |
| | |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | 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 Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | | X | X | | | | | |

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

TUBING, CASING, AND CEMENTING RECORD

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

## TEST DATA AND REQUEST FOR ALLOWABLE

*(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)*

OIL WELL

| 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/MMCF | Gravity of Condensate |
|---|---|---|---|
| 400 | 24 hrs. | 0 | |
| **Testing Method (pitot, back pr.)** | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| Back pressure | 2400# | 875# | 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.

Allen V. Hendley
(Signature)
Administrative Analyst
(Title)
May 17, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 29 1979, 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 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.

cc: 4-NMOCC-A 1-SUSP

RECEIVED
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 ~~American Oil Company~~ Amoco Prod. Co.
Operator

~~Amoco G. E.~~ Johnson ~~State Comm~~ (Lease), #1 H (Well & Unit), S10,T18S,R25E (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
Representative

Engineer
Title

cc: To operator
Oil Conservation Commission - Santa Fe