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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
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-1  
Effective 1-1-65

DEC 10 1982

O. C. D.

ARTESIA, OFFICE

I.

Operator

Amoco Production Company

Address

P. O. Box 68, Hobbs, New Mexico 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)

Request allowable to  
produce Wolfcamp

If change of ownership give name  
and address of previous owner

CASINGHEAD GAS MUST NOT BE  
PLACED UNDER

UNDER AN EXCEPTION TO  
IS OBTAINED FROM MMS

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
Federal BA Com	1	Charlie R. Wolfcamp	State, Federal or Fee	Federal 1LC-055465-A				
Location	Unit Letter	1980	Feet From The	North	Line and	760	Feet From The	West
Line of Section	4	Township	18-S	Range	27-E	NMPV,	Eddy	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P. O. Box 1133, Houston, Texas					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	4	18-S	27-E		

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 type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
12-26-80	12-08-82	9805	6265					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3586.0 GL	Wolfcamp	6965	7047					
Perforations	Depth Casing Shoe							
6965'-6978, 7026'-7033, 7520'-7550	9805							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	996'	950 sx CLC					
12-1/4	8-5/8	5982'	2250 sx lite, 500 SX CLC					
7-7/8	5-1/2	9805'	425 Sx lite, 650 Sx CLH					
	2-3/8	7047'						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-22-82	12-07-82	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	80		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
63	43	20	64

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.

*Mark Freeman*  
(Signature)

Assist. Admin. Analyst

(Title)

12-8-82

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 29 1982, 19

BY *Mark Freeman*

TITLE OIL AND GAS INSPECTOR

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.