

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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OCT 16 1984
O. C. D. Form C-104 ARTESIA, OCT 16 1984 Revised 10-1-78 Format 06-83 Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	<u>Amoco Production Company</u>		
Addressee	<u>P.O. Box 68, Hobbs NM 88240</u>		
Reason(s) for filing (Check proper box)	Other (Please explain)		
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<u>Request for 2000 bbl testing allowable</u>	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<u>Strawn 9295-9308</u>	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Federal DH GAS Com</u>	<u>1</u>	<u>Wildcat Strawn</u>	State, Federal or Fee <u>Fed.</u>	<u>NM-29272</u>
Location				
Unit Letter	<u>M</u>	<u>700</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u>		
Line of Section	<u>11</u>	Township <u>18-S</u>	Range <u>27-E</u>	County <u>Eddy</u>

III. 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)	
<u>Permian Corporation</u>	<u>Bx 1183 Houston, TX 77001</u>	
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
<u>Under negotiation</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>M</u>	<u>11</u>
	<u>18-S</u>	<u>27-E</u>
	<u>No</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Gary C. Clark  
(Signature)  
Asst. Admin. Analyst  
(Title)  
10-15-84  
(Date)  
045 NMOC D, H 1-J.R. Barnett, Hon km 21.156  
1-F.T. Nash, Hon km 4.206 1-GCC  
1-ARCO 1-Yates

OIL CONSERVATION DIVISION
APPROVED <u>OCT 17 1984</u>
BY <u>Leslie A. Clements</u>
TITLE <u>Supervisor District II</u>

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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Data 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					

#### V. 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)

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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

*16-1-1984*