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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Amoco Production Company

Addressee P.O. Box 68, Hobbs NM 88240

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Dry Gas ☐ Condensate

Other (Please explain) Initial completion in Strawn

If change of ownership give name
and address of previous owner _____II. DESCRIPTION OF WELL AND LEASE R-7785 1-7-85

Lease Name <u>Federal "DH" Gas Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Seagrass Draw Strawn Gas</u>	Kind of Lease State, Federal or Fee <u>Fed. NM-</u>	Lease No. <u>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> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corporation</u> <u>Permian (Ex. 3) 1/1/87</u>	<u>Bx 1183 Houston Tx 77001</u>
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)
<u>Under negotiation</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>M 11 18-S 27-E</u> <u>No</u> <u>yes</u> <u>11-7-86</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.

Harry C. Clark
(Signature)
Asst. Admin. Analyst
(Title)
10-17-84
(Date)

0+5 NMOCDA 1-J.R. Barnett, Hon Rm 21.156
1-F.J. Nash, Hon Rm 4.206 1-GCC 1-Yates
1-ARCO

OIL CONSERVATION DIVISION

APPROVED NOV 14 1986, 19 _____

BY Original Signed By
Les A. Clements
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 allow-
able 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.
Date Spudded 5-18-84	Date Compl. Ready to Prod. 10-15-84	Total Depth 11915		P.B.T.D. 10666					
Elevations (DF, RKB, RT, GR, etc.) 3546' GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 9295		Tubing Depth					
Perforations 9295-9308 w/ISPF							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17.5"	20"	33'	3 yds
12 3/4"	13 3/8"	502'	700 sks
7 7/8"	9 5/8"	2200'	1400 sks
	5 1/2"	11915'	2720 sks
		9308'	

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 10-12-84	Date of Test 10-13-84	Producing Method (Flow, pump, gas lift, etc.) flowing	
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 3932	Length of Test 24 hrs	Bbls. Condensate/MCF 18.82	Gravity of Condensate
Testing Method (pilot, back pr.) flowing	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 18/64