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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 1STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
AMOCO PRODUCTION COMPANY

Address
P.O. BOX 68 HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	Other (Please explain) Update gas purchaser ref C-104 Approved 11-14-86
☐ Recompletion	☐ Oil	
☐ Change in Ownership	☐ Casinghead Gas ☐ Dry Gas ☐ Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "DH" Gas Com	Well No. 1	Pool Name, including Formation Scoggins Draw (Strawn)	Kind of Lease State, Federal or Fee Fed NM	Lease No. 29272
Location				
Unit Letter M	700	Feet From The South	Line and 990	Feet From The West
Line of Section 11	Township 18-S	Range 27-E	NMPM, Eddy	County

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)
Permian Corporation	Box 1183 Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co	Frank Phillips bldg, Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: M, Sec: 11, Twp: 18-S, Rge: 27-E	yes 11-7-86

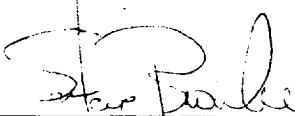
If this production is commingled with that from any other lease or pool, give commingling order number: _____

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

Post ID-3
2-22-87
Add GT; PP

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.

 S. Brownlee
(Signature)
Administrative Analyst
(Title)
2-16-87
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 24 1987

BY Original Signed By
Mike Williams

TITLE Oil & Gas Inspector

This form is to be filled 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 deviated hole 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 filled 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 as prev.	Diff. R
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
5-18-84	10-15-84	11915		10666					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
3546' GR	Strawn	9295		9308					
Perforations						Depth Casing Shoe			
9295-9308 w/1 SPF									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17.5"	13-3/8"		502'		700 SX				
12.25"	9-5/8"		2200		1400 SX				
7-7/8"	5-1/2"		11915		2720 SX				

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