

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

10-1-1991
O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Amoco Production Company	30-015-26767
Address	
P. O. Box 3092, Houston, TX 77253	
Reason(s) for Filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
PMS 8 Federal	7	Shugart Bone Springs, North	State, Federal or Free	NM-33437
Location				
Unit Letter	B	660	Feet From The North Line and	1980
Section	8	Township	18-S	Range
			31-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)					
Pride Pipeline	P. O. Box 2436, Abilene, Tx 79604					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Conoco	1406 West County Rd., Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	F	8	18-S	31-E	Yes	9/28/91

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
7/31/91	9/28/91	8610'		8523'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3702.0'	Bone Springs	7684'		7589'				
Perforations		8190-8216, 8222-8248, 8254-8262, 8273-8330, 8348-8356, 8372-8390, 8390-8426.		Depth Casing Shoe				
				8610'				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	424'	500 sx Class C
12-1/4"	8-5/8"	2166'	1250 sx Class C
7-7/8"	5-1/2"	8610'	1625 sx Class H
	2-7/8"	7589'	

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	10/1/91	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	165 psi	0	14/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	312	30	160

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

Signature _____
Kim A. Colvin Asst. Admin. Analyst
Printed Name _____ Title _____
10/1/91 713/596-7686
Date Telephone No.

OIL CONSERVATION DIVISION

OCT 1 8 1991

Date Approved

By _____ ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate form C-104 must be filed for each pool in multiply completed wells.