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LAND OFFICE	
TRANSPORTER	OIL ☒
	GAS ☒
OPERATOR	
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Operator	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
NOV 02 1983
Supervisor C-104 and C-1
Effective 1-1-83
O. C. D.
ARTESIA, OFFICE

Amoco Production Company	
Address	
P. O. Box 68, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter oil:
Recompletion ☒	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain):	
Name changed from Greenwood Unit #1	
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Greenwood Pre-Grayburg Unit Federal	1	Shugart Atoka-North	State, Federal or Fee
Location			Fed.
Unit Letter	P	660 Feet From The	South Line and 660 Feet From The East
Line of Section	27	Township	18-S
		Range	31-E
		N.M.P.M.	Eddy
			County

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)		
New Mexico Pipeline Company	P. O. Box 1510, Midland, TX		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)		
HPI Deal Basic Industries, Inc/Phillips Petro. Co.	Carlsbad, NM/Odessa, TX		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	P	27	18-S
			31-E
			Yes/Yes

If this production is commingled with that from any other lease or pool, give commingling order number:							
COMPLETION DATA							
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.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		

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

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.	
Cathy L. Forman	
Assist. Admin. Analyst	
11-1-83	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED NOV 18 1983	
Original Signed By	
BY Leslie A. Clements	
Supervisor District II	
TITLE	
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 deviated tests taken on the well in accordance with RULE 1111.	
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 multiple completed wells.	