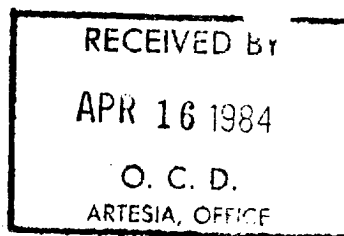


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator AMOCO PRODUCTION COMPANY ✓
Address P. O. Box 68, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Other (Please explain) recompletion and dually completed

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Greenwood Pre-Grybg Ut. Fed	Well No. 1	Pool Name, Including Formation Shugart-Atoka-North	Kind of Lease State, Federal or Fee Federal	Lease No. C029392B
Location				
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	NMPM, Eddy 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 1-Potash Co. of America 2-Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 1-P. O. Box 31, Carlsbad, NM 2-4001 Penbrook, Odessa, TX 79762
If well produces oil or liquid, give location of tanks.	Is gas actually connected? When
Unit P	Sec. 27
Twp. 18-S	Rge. 31-E
Yes	3-13-84

If this production is commingled with that from any other lease or pool, give commingling order number: MC 2990

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.

Mary C. Clark
(Signature)
Assist. Admin. Analyst
(Title)
4-12-84
(Date)

0+5-NMOCD, A 1-JR. Barnett, HOU Rm. 21.156
†-F. J. Nash, HOU Rm. 4.206 1-GCC

OIL CONSERVATION DIVISION

APPROVED MAY 16 1984, 19
BY Original Signed By
Leslie A. Clements
TITLE Supervisor District 8

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.
			X				X		
Date Spudded OC 11-1-83	Date Compl. Ready to Prod. 3-13-84	Total Depth 13,446				P.B.T.D. 12,542			
Elevations (DF, RKB, RT, GR, etc.) 3461' GL	Name of Producing Formation Atoka	Top Oil/Gas Pay 10,792				Tubing Depth 10,702			
Perforations 10792'-10832'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT			
22"	16"	358'				790			
13-3/4"	10-3/4"	4679'				1600			
9-5/8"	7-5/8"	11915'				1000			
6-5/8"	5"	11843'-13007				175			

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 1371	Length of Test 24 hr.	Bbls. Condensate/MMCF 13.86	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 950 psi	Choke Size 25/64"

1. See page 1 of this report
2. See page 2 of this report
3. See page 3 of this report