

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

SEP 12 1980

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Amoco Production Company ✓

Address

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 ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Name changed from Greenwood Pregrayburg Unit C Com. Well #10 to Greenwood Pregrayburg Unit Fed. C Com. #1.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Greenwood	Well No.	#1	Pool Name, including Formation	Shugart <i>Morrow</i>	Kind of Lease	Federal	Lease No.	
	Pregrayburg Unit Fed. C	Com. #1			<i>Perm</i>	State, Federal or Fed	LC-029392-b		
Location									
Unit Letter	L	1980	Feet From The	South	Line and	660	Feet From The	West	
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"/>	The Permian Corporation			Address (Give address to which approved copy of this form is to be sent)			P. O. Box 1183, Houston, TX		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	(1) Conoco, Inc. (2) Gas Co. of N. Mex			Address (Give address to which approved copy of this form is to be sent)			(1) P.O. Box 2197 Houston, TX		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	(1) 2-29-80 (2) 8-14-79		
	L	27	18	3	yes				

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
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

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

I. 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.

0+4-NMOCD, A 1-Hou 1-Susp
1-LBG 1-W. Stafford, Hou 1-Cities Svc.

Asst. Admin. Analyst

(Title)

9-11-80

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 15 1980, 19

BY *W. A. Gressett*
TITLE 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 deviate 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, of transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.