SANTA FE	1	
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	1	
TRANSPORTER GAS	1	
OPERATOR	1	
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

RECEIVED
AUG 22 1979
O. C. C.
ARTESIA, OFFICE

Operator
Amoco Production Company

Address
P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	[X]	Change in Transporter of:	
Recompletion	[ ]	Oil [ ]	Dry Gas [ ]
Change in Ownership	[ ]	Casinghead Gas [ ]	Condensate [ ]

Other (Please explain)

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 (State, Federal or Fee)	Lease No.
Greenwood PreGrayburg Unit Federal	11	Shugart Penn	Federal AC	029392-b

Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West

Line of Section 34 Township 18-S Range 31-E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline	P. O. Box 2528, Hobbs, NM
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P. O. Box 1358, Lovington, NM

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	27	18	31	Yes	8-15-79

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 Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-15-78	2-5-79	12,220'	11,990'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3613.5	Penn	11,854'	
Perforations			**Depth Casing Shoe**
11,854'-64', 11,898'-906'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	721'	800 SX Cl C
12-1/4"	9-5/8"	4601'	1875 SX Howcolite + 200 SX Cl C
8-3/4"	5-1/2"	12220'	1500 SX Lite + 450 SX Cl H

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)

OIL WELL

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**

Ltd
D 3
8-24-79
TNM | GNM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2350	24 hrs.	175	
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Flow	400		48/64"

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.

0+4-NMOCD,A; 1-Hou; 1-Susp; 1-BD
1-G. Ethridge

Ray Cox
(Signature)

Administrative Supervisor
(Title)

8-22-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY W. A. Gressett

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 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 operator, well name or number, or transporter, or other such change of condition.