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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Amoco Production Company

Address
P. O. Box 68 Hobbs, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas Name changed from Greenwood Pregrayburg Unit A Com. Well #12 to Greenwood Pregrayburg Unit Fed. A Com. Well #1.

Recompletion Casinghead Gas Condensate

Change in Ownership

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

DESCRIPTION OF WELL AND LEASE *R-6698 6-2-81 Pool Name Change*

Lease Name Greenwood Pregrayburg Unit Federal A Com.	Lease No. 1	Pool Name, Including Formation Shugart Penn Morrow	Kind of Lease State, Federal or Fee Federal LC	Lease No. 029302-a
Location				
Unit Letter F	1650	Feet From The North	Line and 1980	Feet From The West
Line of Section 35	Township 18-S	Range 31-E	NMPM, Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
(1) Conoco Inc. (2) Gas Co. of NM	(1) P. O. Box 2197 Houston, TX (2) P. O. Box 1358 Lovington, NM
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit Sec. Twp. Rge. P 27 18 31	Yes (1) 2-29-80 (2) 8-16-79

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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.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, back 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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

Bob Davis
(Signature)
Administrative Analyst
(Title)
9-8-80
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 15 1980

BY W.A. Gussert

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 deviated 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 conditions.

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