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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-  
Effective 1-1-65

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O. C. D.  
ARTESIA OFFICE

I. Operator Amoco Production Company  
Address P. O. Box 68, Hobbs, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well  Change in Transporter of: Oil  Dry Gas   
Recompletion  Castnhead Gas  Condensate   
Change in Ownership  Other (Please explain) (Corrected perforations record)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Greenwood Pre-Grayburg Unit Fed. A Com	Well No. 1	Pool Name, including Formation Shugart Penn Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. LC029392
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				

III. 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 88240
Name of Authorized Transporter of Castnhead 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; (2) Southern Union	(1) P. O. Box 2197, Houston, TX (2) 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
F 35 18-S 31-E	(1) Yes; (2) 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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
X		X			X			X
Date Spudded 9-26-83	Date Compl. Ready to Prod. 11-9-83	Total Depth 11,800'	P.B.T.D. 11,755'					
Elevations (DF, RKB, RT, GR, etc.) 3637.9' GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,492'	Tubing Depth 11,396'					
Perforations 11,492'-11,508', 11,566'-11,581', 11,694'-11,712' and 11,724'-11,732'			Depth Casing Shoe 11,800'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	765'	800 sx Incor					
12-1/4"	9-5/8"	4600'	1500 sx JB LT., 200 C1 C					
8-3/4"	5-1/2"	11800'	1500 Trinity Lt. 1200 s					
	2 7/8	11,396	C1 H					

V. 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 Proca. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1441 MCFD	Length of Test 24 hrs.	Bbls. Condensate/MMCF 11.1	Gravity of Condensate
Testing Method (pitot, back pr.) Flowing	Tubing Pressure (Shut-in) FTP 400 psi	Casing Pressure (Shut-in)	Choke Size 32/64

VI. 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.

*Charles M. Herring*  
(Signature)  
Administrative Analyst  
(Title)  
November 28, 1983  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED DEC 06 1983, 19  
Original Signed By  
BY Leslie A. Clements  
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 condition  
Separate Forms C-104 must be filed for each pool in multiply completed wells.