

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Amoco Production Company //

А. С. ПЕТРОВ

P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion	<input type="checkbox"/>
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Oil	<input type="checkbox"/>
Castlinghead Gas	<input type="checkbox"/>

Dry 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	Lease No.
Greenwood PreGrayburg Unit Federal B Com.	1	Shugart-Penn <i>McLure</i>	State, Federal or Free Federal LC	-029392A

Location _____
Unit Letter N : 660 Feet From The South Line and 2310 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

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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)
The Permian Corporation	P.O. Box 1183, Houston, Tx

The Permian Corporation
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ (1) P. O. Box 2197, Houston, Tx
(1) Conoco (2) Southern Union *Eathering Co.* (2) P. O. Box 1358, Lovington, NM

(1) Connoco	(2) Southern	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.		N	35	18	31	(1) Yes (2) Yes	(1) 2-29-80 (2) 2-6-80

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

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res.
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

[illegible]

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top 2. able for this depth or be for full 24 hours)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Coasting Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		

GAS WELL

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)	Coating Pressure (shut-in)	Choke Size

1. 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.

Assist. Admin. Analyst

1-27-82

(7110)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY W. A. Jones

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 deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, name or number, or transporter, or other such change of condition.

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