

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NOV 21 1980

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

C. C. D.

ARTESIA OFFICE

| | |
|------------------------|---|
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| SANTA FE | 1 |
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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | |
| OIL | |
| NATURAL GAS | 1 |
| OPERATION | 1 |
| PROMOTION OFFICE | |

Operator
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|------------------|
| Lease Name Alley | Well No. 1 | Pool Name, Including Formation Und. Morrow | Kind of Lease State, Federal or Fee | Lease No. Fee |
| Location Unit Letter <u>E</u> ; <u>2080</u> Feet From The <u>North</u> Line and <u>860</u> Feet From The <u>West</u> Line of Section <u>1</u> Township <u>19-S</u> Range <u>25-E</u> , NMPM, <u>Eddy</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Gas Co. 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 | |
| | Yes 11-12-80 | |

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 Restv. | Diff. Restv. |
| | | X | X | | | | | |
| Date Spudded 4-25-80 | Date Compl. Ready to Prod. 7-14-80 | | Total Depth 9362' | | P.B.T.D. 9316' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3463.5' GL | Name of Producing Formation Morrow | | Top Oil/Gas Pay 9000' | | Tubing Depth 9316' | | | |
| Perforations 9000' - 9096' | | | | | Depth Casing Shoe 9362' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/2" | 13-3/8" | | 400' | | 450 Class C | | | |
| 12-1/4" | 9-5/8" | | 1305' | | 700 Lite, 250 Class C | | | |
| 8-3/4" | 5-1/2" | | 9362' | | 1750 Lite, 250 Class C | | | |

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 |

CAS WELL

| | | | |
|-----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D 3100 | Length of Test 24 hr. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size 24/64" |

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.

0-40NMOCD, A

1-Susp

1-LBG

Assist. Admin. Analyst

(Title)

11-19-80

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 21 1980

BY

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

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

RECEIVED

NOV 17 1980

OIL CONSERVATION COMMISSION

P. O. DRAWER DD

ARTESIA, NEW MEXICO 88210

NOTICE OF GAS CONNECTION

DATE 11-14-80

This is to notify the Oil Conservation Commission that connection for the purchase

of gas from the Amoco Production Company ✓, Alley #1 ^{644.5},
Operator Lease
1, E, 1, T-19S, R²⁵SE, Barrow ^{Barrow},
Well Number Unit Letter S.T.R. Pool
Gas Company of New Mexico, was made on 11/12/80.
Name of Purchaser Date

GAS COMPANY OF NEW MEXICO

PURCHASER

W. R. Detrick

REPRESENTATIVE

Chief Inspector

TITLE

cc: Oil Conservation Commission - Santa Fe (2)

E. R. Corliss - Dallas

W. B. Richardson - Dallas

R. J. McCrary - Dallas

Charles Claburn - Carlsbad

Operator(s): Grady Gist

Roy Peterson