

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JAN 13 1982

O. C. D.

ARTESIA, OFFICE

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SANTA FE	1
FILE	1
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

Operator

Amoco Production Company ✓

Address

P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well

☒

Change In Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change In Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 3-1-82UNLESS AN EXCEPTION TO Rule 306
IS OBTAINEDIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Lodewick A	Well No. 1	Pool Name, including Formation North Dagger Draw Upper Penn	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West Line of Section 19 Township 19-S Range 25-E , NMPM, Eddy Count				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, TX					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19	Twp. 19-S	Rge. 25-E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Re: <input type="checkbox"/>
Date Spudded 10-20-81	Date Compl. Ready to Prod. 1-12-82		Total Depth 7950		P.B.T.D. 7935			
Elevations (DF, RKB, RT, GR, etc.) 3587.5 GL	Name of Producing Formation Upper Penn		Top Oil/Gas Pay 7776		Tubing Depth 7689			
Perforations 7776-84, 7844-60, 7872-82 2 JSPF					Depth Casing Shoe 7950			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	400	725
12-1/4	8-5/8	1199	800 (Circ to surf)
7-7/8	5-1/2	7950	1900
	2-3/8	7689	

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)

Date First New Oil Run To Tanks 12-30-81	Date of Test 1-12-82	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 500	Casing Pressure	Choke Size 20/64
Actual Prod. During Test 568	Oil - Bbls. 238	Water - Bbls. 330	Gas - MCF 413

Posted ID-2
+ Comp Book
PER / EPG
1-20-82

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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.

Mark Freeman
(Signature)

Assist. Admin. Analyst

(Title)

1-13-82

(Date)

OIL CONSERVATION DIVISION

JAN 19 1982

APPROVED

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

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

Fill out only Sections I, II, III, and VI for changes of own well 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.