

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

RECEIVED

FEB 19 1982

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATION	1
PROMOTION OFFICE	
Operator	

Amoco Production Company ✓

Address
P. O. Box 68, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Emperor Oil/Fed Gas Com	Well No. 1	Pool Name, including Formation -Dos Hermanos Strawn	Kind of Lease State, Federal or Fee Federal	Lease No. LC-070286
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>20-S</u> Range <u>30-E</u> , NMPM, <u>Eddy</u> 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) P. O. Box 1183, Houston, Texas
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) P. O. Box 68, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>28</u> Twp. <u>20</u> Rge. <u>30</u> Is gas actually connected? <u>Yes</u> When <u>2-16-82</u> <u>6-7-65</u>

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'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded 1-13-65	Date Compl. Ready to Prod. 2-16-82	Total Depth 13605	P.B.T.D. 11440					
Elevations (DF, RKB, RT, GR, etc.) 3359 RDB	Name of Producing Formation Strawn	Top Oil/Gas Pay 11078	Tubing Depth 10963					
Perforations 11078-090 11098-114 11134-149			Depth Casing Shoe 13375					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26	20	340	700
17-1/2	13-3/8	1460	2695
12-1/4	9-5/8	4080	1400
8-3/4	7	13375	1100
	2-3/8	10963	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1400	Length of Test 24 hours	Bble. Condensate/MMCF 83	Gravity of Condensate
Testing Method (pilot, back pr.) Flow	Tubing Pressure (Shut-in) 3000	Casing Pressure (Shut-in)	Choke Size 28/64

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 E. Luman
(Signature)
Assist. Admin. Analyst

2-17-82

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR - 1 1982

BY W. A. L. Fessett

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 multiply completed wells.

Posted ID-2
Dos Hermanos
Moran-30m p & A
3-5-82

Posted ID-2
+Comp. Book
Golden Lane
Strawn
3-5-82