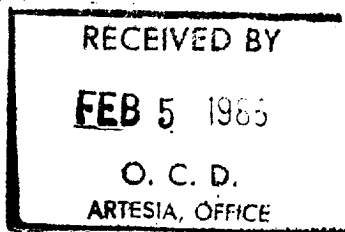


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Amoco Production Company

Address: P.O. Box 60, Hobbs NM 88240

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	☐ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☐ Change in Ownership	☐ Casinghead Gas	

Other (Please explain): Change Name from State "EP" Com No. 1 to State "AC" Com No. 1

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: <u>State "AC" Com</u>	Well No.: <u>1</u>	Pool Name, including Formation: <u>N. Barton Flat Wolfcamp</u>	Kind of Lease: <u>State, Federal or Fee</u>	Lease No.: <u>L-487</u>
Location: Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>21</u> Township <u>20-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corp (Trucks)</u>	<u>P.O. Box 1183, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>P.O. Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>J</u> Sec. <u>21</u> Twp. <u>20-S</u> Rge. <u>28-E</u>	<u>No</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Mary C. Clark
(Signature)
Asst. Admin. Analyst
(Title)
2-4-85
(Date)

0+5 NMOC, A 1-JRB 1-FJN 1-GCC 1-Permian
1-El Paso

OIL CONSERVATION DIVISION

APPROVED FEB 6 1985

BY Original Signed By
Leslie A. Clements
Supervisor District II

TITLE _____

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded - 8C 5-5-82		Date Compl. Ready to Prod. 2-28-83 (S.I.)		Total Depth 11460		P.B.T.D. 10065			
Elevations (D.F., RKB, RT, CR, etc.) 3235.9' GR		Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9096'		Tubing Depth 8990'			
Perforations 9096 - 9520						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"		397		400				
12 1/4"	9 5/8"		2980		2100				
8 3/4"	5 1/2"		11458		2400				
	2 3/8"		8990						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load off 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 5-10-82	Date of Test 2-28-83	Producing Method (Flow, pump, gas lift, etc.) Flowing (Shut-in currently)	
Length of Test 2	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1100	Length of Test 24 hrs	Bbls. Condensate/MMCF 70	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 15/64