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TRANSPORTER — GAS	✓	
OPERATOR	✓	
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

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MAR 07 1983

O. C. D.
ARTESIA, OFFICE

I.

Operator
Amoco Production Company ✓

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

Reason(s) for filing (Check proper box)

New Well [ ] Recompletion [X] Change in Ownership [ ]

Change in Transporter of: Oil [ ] Casinghead Gas [ ] Dry Gas [ ] Condensate [ ]

Other (Please explain)
Request allowable to produce Wolfcamp

If change of ownership give name and address of previous owner ____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
State ~~EP~~ AC Com	1	North Burton Flat Wolfcamp	State	L-487

Location
Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East
Line of Section 21 Township 20-S Range 28-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Permian	P. O. Box 1183, Houston, Texas

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P. O. Box 1492, El Paso, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	21	20-S	28-E	~~No~~ yes	12-23-85

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X				X		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-29-77	2-28-83	11460	10065

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3235.9 GR	Wolfcamp	9096	8990

Perforations	Depth Casing Shoe
9096-9520	11458

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	397	400 incor
12-1/4	9-5/8	2980	2100 Class C
8-3/4	5-1/2	11458	2400 Class H
	2-3/8	8990	

V. 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)

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-Bbls.**	**Water-Bbls.**	**Gas-MCF**

Post ID-2
3-11-83
Comp - WF
+ BK

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission 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)

March 3, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 22 1986, 19

BY Original Signed By Les A. Clements

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.