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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

NOV 17 1981

O. C. D.  
~~ARTESIA OFFICE~~

Amoco Production Company

P. O. Box 68, Hobbs, NM 88240

Person(s) for filing (Check proper box)

Flow Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Gashead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner \_\_\_\_\_

### DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name	R. I. Floyd Com.	1	<i>Hoppy Valley</i> <del>Und. Eddy</del> Morrow	State, Federal or Fee	Fee
Location					
Unit Letter	G	: 1948	Feet From The North	Line and 1980	Feet From The East
Line of Section	20	Township	22-S	Range	26-E, NMPM, Eddy
					County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)			
El Paso Natural Gas Co.					P. O. Box 1492, El Paso, TX 79978			
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?		When
						Yes		9-3-81

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

## COMPLETION DATA

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded 3-16-81	Date Compl. Ready to Prod. 7-15-81	Total Depth 11546'					P.B.T.D. 11508'		
Elevations (DF, RKB, RT, GR, etc.) 3331.1' GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 11006'					Tubing Depth 10896'		
Perforations 10992'-11474 w/2 JSPF							Depth Casing Shoe 11538'		

## TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	700'	Circ. to surface
12-1/4"	9-5/8"	2918'	Circ. to surface
8-3/4"	5-1/2"	11538'	
	2 3/4"	10896	

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)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		

## GAS WELL

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1350	24 hrs.	0	
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Coaling Pressure (Shut-in)	Choke Size
Flow	600		23/64"

CERTIFICATE OF COMPLIANCE 0+4-NMOCD, A  
1-Hou 1-Susp 1-DMF 1-W. Stafford, Hou  
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.

1-Felmont Oil 1-Jade Energy

Mark L. Leman  
(Signature)

Assist. Admin. Analyst

(2010)

11-16-81

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 17 1981, 19

BY W. A. Gasset

TITLE SUBSIDIARY 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 deviated tests taken on the well in accordance with RULE III.

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 owner, 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.