

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-104
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OIL CONSERVATION DIVISION JAN 19 88
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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PROBATION OFFICE	<input type="checkbox"/>

Operator Amoco Production Company ✓	
Address P. O. Box 4072, Odessa, Texas 79760	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Assign Authorized Transporter of Condensate Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name R.I. Floyd Com	Well No. 1	Pool Name, including Formation Happy Valley Morrow	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>G</u> : <u>1948</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>22-S</u> Range <u>26-E</u> , NMPM, <u>Eddy</u> County				

III. 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)
Permian	P. O. Box 1183, Houston, Texas 77001
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)
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>G</u> Sec. <u>20</u> Twp. <u>22-S</u> Rge. <u>26-E</u>	Yes 9/3/81

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.

O. M. Mitchell (Signature)
Sr. Admin. Analyst
(Title)
January 14, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 19 1988, 19 _____

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well XX	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/16/81	Date Compl. Ready to Prod. 7/15/81		Total Depth 11,546		P.B.T.D. 11,508				
Elevations (DF, RKB, RT, GR, etc.) 3331.1' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,006		Tubing Depth 10,896				
Perforations 10,992'-11,474' 2 SPF						Depth Casing Shoe			

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'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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	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

GAS WELL

Actual Prod. Test - MCF/D 666	Length of Test 24 hours	Bbls. Condensate/MMCF 1.5	Gravity of Condensate 55
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 0	Choke Size 18/64