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ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER GAS	✓	
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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.
Operator: AMOCO PRODUCTION COMPANY ✓

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

Reason(s) for filing (Check proper box)
- [ ] New Well
- [X] Recompletion
- [ ] Change in Ownership

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

Other (Please explain): CASINGHEAD GAS MUST NOT BE FLARED AFTER 11-7-84 ~~UNLESS AN EXCEPTION TO:~~ RULE 306 IS OBTAINED

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

II. DESCRIPTION OF WELL AND LEASE R-7875 Eff 4-16-85

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Lancaster Spring Unit	2	~~Und. Delaware~~ WEST CARLSBAD - DEL.	State	L-6368

Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West
Line of Section 9 Township 22-S Range 26-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]:
Address (Give address to which approved copy of this form is to be sent):

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	9	22-S	26-E	No	

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

Post ID-2 9-7-84 [illegible]

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.

Bonita Coble
(Signature)

Administrative Analyst
(Title)

8-29-84
(Date)

O+5-NMOCD,A 1-JR Barnett, HOU Rm. 21.156 1-BFC
1-FJ Nash, HOU Rm 4.206 1-Pogo

OIL CONSERVATION DIVISION

APPROVED SEP 6 1984, 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.

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		X

Date Spudded OC	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-10-84	8-28-84	11500	5995

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3353.6' GR	Delaware	4662'	4747'

Perforations	Depth Casing Shoe
4662'-4692'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	726'	1400 sx
12-1/4"	9-5/8"	2905'	1950 sx, circ. 100 sx
8-3/4"	5-1/2"	11525'	3350 sx, circ. 100 sx
	2-3/8"	4747'	

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.)	
7-15-84	8-28-84	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours			
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	28	98	20

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**