Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD. Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 JAN 22 '90

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS Amoco Production Company  ${\cal V}$ 30-015-21504 P.O. Box 3092 Houston, TX 77253 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: 🗓 Dry Gas Recompletion Oil Effective 2-1-90 Change in Operator Casinghead Gas Condens If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease Name Lease No. Old Indian Draw Unit Indian Draw Delaware HAR Federal OF XXXX NM-0415688-A Location 660 Feet From The North Line and 1980 Unit Letter \_\_\_\_ B : \_\_\_\_ Feet From The \_\_\_ Range 28-E 22-S 19 Township Eddy , NMPM, 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) Pride Pipeline Company P.O. Box 2436 Abilene, TX 79604 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When ? 18 1 22 28 No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover | Deepen | Plug Back | Same Res'v | Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT ost ID-3 1-26-90 LT. PER V. 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.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Length of Test Casing Pressure Tubing Pressure Actual Prod. During Test Water - Bbis. Gas- MCF Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved FEB 2 1990

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(713) 584-7442

artman

Signature

Printed Name

1-18-90 Date

<u>Amelia Hartman</u>

 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By \_\_\_

Title\_

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT IT

MIKE WILLIAMS

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

<u>Asst.</u> Admin. Analyst

3) Fill out only Sections I. II. III. and VI for changes of operator, well name or number, transporter, or other such changes.