

DISTRICT		
SANTA FE		
FILE		
O.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-101 and C-11
Effective 1-1-65

RECEIVED

- 7 1980

Operator Amoco Production Company		O. C. D. ARTESIA, OFFICE	
Address P. O. Box 68, Hobbs, NM 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of Oil ☐	Request 2000 bbl testing allowable. fs 9600-9732	
Recompletion ☒	Oil ☐ Dry Gas ☐		
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐		

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Ingalls Gas Com.	Well No. 1	Pool Name, Including Formation Wildcat Bone Springs	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter G ; 1650 Feet From The North Line and 1980 Feet From The East				
Line of Section 22 Township 23-S Range 28-E, NMPL, Eddy County				

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) The Permian Corporation 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 G	Sec. 22	Twp. 23	Rge. 28	Is gas actually connected? No	When

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

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Part. Res'n.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.D.T.D.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Testing Depth				
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

0+4 NMCD-H, 1-Hou, 1-Susp, 1-BD, 1-G. Ethridge

Bob Davis
(Signature)

Assistant Administrative Analyst
(Title)

1-2-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 10 1980
BY W. A. Guasit
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 completion tests taken on the well in accordance with RULE 111.

All portions 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 conditions.