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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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NOV 16 1992

O. C. D.
ARTESIA OFFICE

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company Well API No. 30-015-22677

Address P. O. Box 3092, Houston, TX 77253-3092 (Rm 17.182)

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
Brantley	1	East Loving Delaware	State, Federal or Fee	

Location
Unit Letter K 1880 Feet From The South Line and 2080 Feet From The West Line
Section 22 Township 23-S Range 28-E, NMPM, Eddy, NM 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)
Scurlock Permian (Same/No Changes)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas (Same/No Changes)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	K	22	23	28	Yes	10-6-92

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

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		

Date Spudded (Original Completion) 9-19-78 Date Compl. Ready to Prod. 10-6-92 Total Depth 13129' P.B.T.D. 10855'
Elevations (DF, RKB, RT, GR, etc.) 3012.3 GR Name of Producing Formation East Loving Delaware Top Oil/Gas Pay 6100' Tubing Depth 5998'
Perforations 6100'-6170' w/4jspf Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Existing casing/tubing remains unaltered			Post ID-2
Tubing:	2-7/8"	5998'	12-4-92

Post ID-2
12-4-92
PMA m
camp Delaware
cho well name

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
10-6-92	10-19-92	Flowing

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	70 475 PSI	---	48/64 "

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
	150	152	320

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Devina M. Prince
Signature

Devina M. Prince Staff Assistant

Printed Name 11-11-92 Title (713) 596-7686

Date 11-11-92 Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 25 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.