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TRANSPORTER	OIL /
	GAS
OPERATOR	/
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND GAS

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Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

O. C. D.
ARTESIA, OFFICE

I. Operator
Amoco Production Company
Address
P. O. Box 68, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change Bone Springs Perforations.

If change of ownership give name
and address of previous owner

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6-1-82
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED Ex # 2-614

II. DESCRIPTION OF WELL AND LEASE

Lease Name State GO	Well No. 1	Pool Name, including Formation South Culebra Bluff Bone Springs	Kind of Lease State, Federal or Fee	Lease No. L 6383
Location Unit Letter E	1980	Feet From The North	Line and 860	Feet From The West
Line of Section 2	Township 23-S	Range 28-E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 E	Sec. 2	Twp. 23	Rge. 28	Is gas actually connected? When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-13-78	Date Compl. Ready to Prod. 8-25-81	Total Depth 12,900	P.B.T.D. 8600					
Elevations (DF, RKB, RT, GR, etc.) 3008.5 GL	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 6349	Tubing Depth 6746					
Perforations 6349-6718			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	400	Circ
14-3/4"	10-3/4"	2900	Circ
9-1/2"	7-5/8"	11300	Tie back to 10-3/4
7"	5"	11100-12800	Tie back to 7-3/8

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL NSP 1295

(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 1-18-82	Date of Test 1-27-82	Producing Method (Flow, pump, gas lift, etc.) Pump	Choke Size 4-16-82
Length of Test 24	Tubing Pressure	Casing Pressure	Gas-MCF 52
Actual Prod. During Test 8	Oil-Bbls. 8	Water-Bbls. 0	

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. 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.

Mark Randolph
(Signature)

Admin. Analyst

(Title)

4-5-82

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 12 1982

BY W.A. Gressett

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 multiple completed wells.