		<u>.</u>					~									<u>_</u>				5.Sr • •	reiator				
	A ME JUL BRA BEPROPRIATE DOOL THEE.	rt casing pressure	Gas volumes must be reported in MCF measured at a pressure base of 15,025 psis and a will be 0.60.	No well will be essigned an allowable greater than the amount of oll produced on the official test. During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allo located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance increased allowables when authorized by the Division.					REQUEST ALLOWABLE INCREASE						· ·		State GO	г п 00 г п 33 п 1		P. 0. Box 68, Hobbs,	AMOCO PRODUCTION COMPANY				
		tubing pre	MCF men	n allowable greater than the amo each well shall be produced at Operator is encouraged to take zed by the <b>Division</b> .					ASE					, . •			1	NO.	WELL	New Mexico	Y		STATE OF NEW MEXICO		
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		se any w llatrict :	t a pres	the emc fuced at to take													$\sim$	s.	LOC,	88240	Pcol				
		fll produ uffice of	sure bas	ount of oll pr t a rate not advantage o									<u></u>			<u> </u>	23	-1	LOCATION		oı Culebra			1	
		the New	• of 15.	ll produc not exc. ge of th													28	20			a Bluff		Ś	0	
		s in lieu of tubing pressure for any well producing through casing. copy of this report to the district uffice of the New Mexico Oll Conservation		unt of oll produced on the official test. a rate not exceeding the top unit allowable advantage of this 25 percent tolerance in or												· · · · ·	4-11-84	TEST	DATEOF		Bone	GAS-OIL RATIO TES	SANTA FE, NEW MEXICO	OTE CONSERVATION DIVISION	
		nservali	t empere ture	al test. nit alloy lerance		<del>.</del>						<u> </u>		··			P		TUS	TEST -	Springs	ATIO	MEX.	X 2084	
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	•		P F. Spe	for the pool in whic der that well can be														PRESS.	TBG.	Sch	-15		10		
·		In accordance with	f 60° F. Specific gravity base	pool in which well is well can be assigned													ഗ	ABLE		Scheduled	County	-			
		ş		ssigned	_												24	HOUNS	1. ENGTH		YIA			r" yen sonntai be	
5-17-84		Brutic Coble	•	Ih is tru ledge													11	89LS.	ט ט	Comp	Eddy				
	Admin			I hereby certify is true and comp ledge and belief.		<u> </u>		<u> </u>			O, C, ARTESIA, C		2	RECEIVED BY	<u> </u>			011	ROD.	Completion [	1v				
	<i>(Signature)</i> Administrative Analyst			ertify th complete lief.									MAY 2 5 1984					8915				Form C-116 Revised 10-1	Я Р	Re	
				to the bes							OFFICE		51984	P BY			12	W.C.F.	TEST	Spec			Form C-116 Revised 10-1-78		
	yst			I hereby certify that the above information is true and complete to the best of my know- ledge and belief.		i				• •	t	,			(	Ð	2000	CU.FT/BBL	GAS - OIL	Special X			78		