

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78

RECEIVED

MAY 15 1980

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	2
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator  
Amoco Production CompanyAddress  
P. O. Box 68 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 7-5-80  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED  
By H 2-405If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE R-7322 EFF. 8/1/83

Lease Name Pecos	Well No. 1	Pool Name, including Formation BONE SPRINGS	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line of Section 35 Township 24-S Range 28-E, NMPM, Eddy County				

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 K	Sec. 35	Twp. 24	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:

## III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'tv.	Diff. Res'tv.
Date Spudded OC 4-30-80	Date Compl. Ready to Prod. 5-12-80	Total Depth 12362'	P.B.T.D. 9691'					
Elevations (DF, RKB, RT, GR, etc.) 2965.4 GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 7950'	Tubing Depth					
Perforations 7950'-8030'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
Existing casing not altered								

IV. 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 5-5-80	Date of Test 5-12-80	Producing Method (Flow, pump, gas lift, etc.) Flowing <input checked="" type="checkbox"/>	
Length of Test 24 hours	Tubing Pressure 525#	Casing Pressure	Choke Size
Actual Prod. During Test 226	Oil-Bbls. 193	Water-Bbls. 33	Gas-MCF 30

## 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

## V. 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.

O+4-NMOCD, A 1-Susp 1-Hou 1-BD  
1-G. EthridgeBob Davis  
(Signature)Admin. Analyst  
(Title)5-13-80  
(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 19 1980  
BY W. A. Gressett  
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 multi-completed wells.