

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE FILED	1/1
FILE	1/1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR
Amoco Production Company ✓
Address
P.O. Box 68 Hobbs, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Deviation survey attached CASINGHEAD GAS MUST NOT BE FLAMED AFTER 2-1-81 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal AE	Well No. 1	Pool Name, including Formation Wolfcamp Wolfcamp	Kind of Lease Federal State, Federal or Fee	Lease No. NM-0415239-6
Location Unit Letter <u>J</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>22-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> 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"/> The Permian Corp.	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 J	Sec. 20	Twp. 22	Rge. 28
	Is gas actually connected?		When	
	No			

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 type="checkbox"/>	Some Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 10-19-79	Date Compl. Ready to Prod. 12-9-80		Total Depth 12730'			P.B.T.D. 10115'		
Elevations (DF, RAB, RT, GR, etc.) 3077' GL	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9514'			Tubing Depth 9492'		
Perforations 9514' - 9672' 9712'						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	16"		390'		575 Class C			
14 3/4"	10 3/4"		2705'		2245 Lite			
9 1/2"	7 5/8"		10614'		1660 Lite, 350 Class H			

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 Tanks 11-11-80	Date of Test 12-9-80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 750#	Casing Pressure	Choke Size 20/64
Actual Prod. During Test 125	Oil - Bbls. 60	Water - Bbls. 65	Gas - MCF 1600

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 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-Hou, 1-Susp, 1-LBG

Bob Davis
(Signature)
Admin. Analyst
(Title)
12-10-80
(Date)

OIL CONSERVATION DIVISION
APPROVED DEC 18 1980
BY W.A. Gressitt
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 deviate 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 conditions.
Separate Forms C-104 must be filed for each pool in multiply completed wells.