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RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

Santa Fe	
File	
Transporter	Oil
Operator	Gas

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Amoco Production Company</u>	Well API No. <u>30-015-23380</u>
Address <u>P.O. Box 3092 Houston, TX 77253</u>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <u>TO supplement C-104 filed 6-30-89</u> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <u>Revised copy shows condensate transporter</u>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State IN</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Mosley Canyon Strawn</u>	Kind of Lease <u>State</u> , Federal or Fee	Lease No. <u>LB-5172</u>
Location Unit Letter <u>G</u> : <u>1984</u> Feet From The <u>North</u> Line and <u>1966</u> Feet From The <u>East</u> Line Section <u>1</u> Township <u>24S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Permian SCURLOCK PERMIAN CORP EFF 9-1-91</u>	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>1509 W. Wall Midland, TX 79702</u>	
Name of Authorized Transporter of Casinghead Gas <u>El Paso Natural Gas Co</u>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492 El Paso, TX 79978</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>1</u>	Twp. <u>24S</u>
	Rge. <u>04E</u>	Is gas actually connected? <u>yes</u>	When? <u>2-18-81</u>

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
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod. <u>4-18-89</u>		Total Depth <u>10880</u>		P.B.T.D. <u>10205</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3937' GR</u>	Name of Producing Formation <u>Strawn</u>		Top Oil/Gas Pay		Tubing Depth <u>9148</u>			
Perforations <u>9240'-9465'</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13 3/8"</u>	<u>48 #</u>		<u>400'</u>		<u>450 Pat ID-3</u>			
<u>9 5/8"</u>	<u>36 #</u>		<u>2700'</u>		<u>1550 7-21-89</u>			
<u>5 1/2"</u>	<u>15.5-17 #</u>		<u>10880'</u>		<u>2215 Add WT: PER</u>			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <u>1100 mcf</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MMCF <u>1 bbl</u>	Gravity of Condensate <u>57 at 82° F</u>
Testing Method (pilot, back pr.) <u>Flow</u>	Tubing Pressure (Shut-in) <u>Flowing 668 psi</u>	Casing Pressure (Shut-in) <u>50 psi</u>	Choke Size <u>3/4"</u>

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.

Amelia Hartman
Signature
Amelia Hartman Asst Admin Analyst
Printed Name
7-11-89 (713) 584-7442
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 17 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT I9

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.