

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

RECEIVED

JAN 28 1982

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RETURNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator
Amoco Production Company

Address

P. O. Box 68, Hobbs, NM 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)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State IZ Com.	Well No. 1	Pool Name, including Formation Dark Canyon Penn Morrow	Kind of Lease State, Federal or Fed State L-	Lease No. 43631
Location Unit Letter F : 1880 Feet From The North Line and 1980 Feet From The West Line of Section 31 Township 23-S Range 25-E, NMPM, Eddy County				

SCURLOCK PERMIAN CORP EFF 9-1-91

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The 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"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384, El Paso, TX			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 31	Twp. 23-S	Rge. 25-E
Is gas actually connected?		When 1-11-82		

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X	X					
Date Spudded 11-15-80	Date Compl. Ready to Prod. 12-28-81		Total Depth 10805		P.B.T.D. 10280			
Elevations (DF, RKB, RT, CR, etc.) 3831.0 GL	Name of Producing Formation Penn Morrow		Top Oil/Gas Pay 10224		Tubing Depth 10016			
Perforations 10224-10234 .4 inch	4 JSPF				Depth Casing Shoe 10805			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	397	370
12-1/4	8-5/8	2732	2000
8-3/4	5-1/2	10805	400
	2-3/8	10016	

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	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

Posted ID-2
or Comp. Book
PER + EPB
2-5-82

GAS WELL

Actual Prod. Test-MCF/D 12-28-81	Length of Test 24 hours	Bbls. Condensate/MMCF 12	Gravity of Condensate
Testing Method (prior, back pr.) Flowing	Tubing Pressure (Shut-in) 1500	Casing Pressure (Shut-in)	Choke Size 48/64

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.

Mark Luman
(Signature)

Assist. Admin. Analyst

(Title)

1-27-82

(Date)

OIL CONSERVATION DIVISION

APPROVED

FEB 2 1982

BY

W. A. Gussitt

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 deviated 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.