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ARTESIA, OFFICESTATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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SANTA FE		✓
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LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PROMOTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator AMOCO PRODUCTION COMPANY ✓	
Address P. O. Box 68, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
To show gas connection	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name State MS Gas Com	Well No. 1	Pool Name, including Formation Black River Morrow	Kind of Lease State, Federal or Fee State	Lease No. LG-589
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line of Section 12 Township 24-S Range 27-E, NMPM, Eddy County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation Permian (Eff. 9/1/81)	P. O. Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline Company	P. O. Box 2521', Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	C	12
	Twp.	Rge.
	24-S	27-E
Is gas actually connected?	When	
Yes	3-15-84	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

## 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 is true and complete to the best of my knowledge and belief.

Cathy L. Forman  
(Signature)

Assist. Admin. Analyst

(Title)

3-20-84

(Date)

O+5-NMOCD, A 1-R. E. Ogden, HOU  
1-F. J. Nash, HOU 1-CLG 1-HNG Oil, Mid.

## OIL CONSERVATION DIVISION

APPROVED MAR 27 1984  
Original Signed By  
BY Leslie A. Clements  
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 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 multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 7-31-82	Date Compl. Ready to Prod. 11-12-82		Total Depth 12780'		P.B.T.D. 12780'				
Elevations (DF, RKB, RT, GR, etc.) 3092' GL	Name of Producing Formation morrow		Top Oil/Gas Pay 12258'		Tubing Depth 12064'				
Perforations 12258'-12780' (Open hole completion)						Depth Casing Shoe 12258'			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	405'	500 Class C
14-3/4"	10-3/4"	2250'	1850 lite, 400 class C
9-3/4"	7-5/8"	9584'	1875 C1 H 1t, 800 C1H
6-1/2"	5-1/2", 2-3/8"	12258', 12064'	375 Class H

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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

#### GAS WELL

Actual Prod. Test-MCF/D 1940 MCFD, 5BC, 35 BW	Length of Test 24 hours	Bbls. Condensate/MMCF 3	Gravity of Condensate
Testing Method (pilot, back pr.) flow	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size 12/64"