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State of New Mexico
Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OCT 19 1989

OIL CONSERVATION DIVISION

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Amoco Production Company</u>	Well API No. <u>30-015-24176</u>
Address <u>P.O. Box 3092 Houston, TX 77253</u>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> <input type="checkbox"/> Other (Please explain)	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183 Houston, TX 77251-1183</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Transwestern Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1188 Houston, TX 77251</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>12</u>	Twp. <u>24S</u>	Rge. <u>27E</u>	Is gas actually connected? <u>yes</u>	When? <u>March 1984</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 <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. <u>9-7-89</u>		Total Depth <u>12782</u>		P.B.T.D. <u>12165</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3092' GL</u>	Name of Producing Formation <u>Atoka</u>		Top Oil/Gas Pay <u>11308</u>		Tubing Depth <u>11228</u>			
Perforations <u>11308'-11320'; 11338'-11342'; 11632'-11638'; 11712'-11734'</u>				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>20"</u>	<u>16"</u>		<u>405</u>		<u>500 Post FD-2</u>			
<u>14 3/4"</u>	<u>10 3/4"</u>		<u>2250</u>		<u>2250 11-3-89</u>			
<u>9 3/4"</u>	<u>7 5/8"</u>		<u>958</u>		<u>2675 comp. Atoka</u>			
<u>6 1/2"</u>	<u>- LINER - 5 1/2"</u>		<u>9168-12258</u>		<u>375</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>210</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MMCF <u>5</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure (Shut-in) <u>Flowing: 100</u>	Casing Pressure (Shut-in)	Choke Size <u>12/64"</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
10-16-89 (713) 584-7442
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 30 1989

By APPROVED BY

Title SUPPLEMENTAL ANALYST

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.