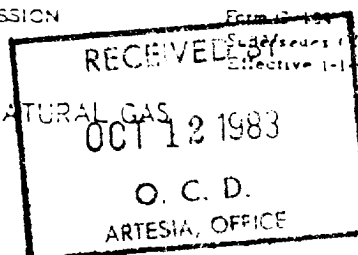


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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



Operator Amoco Production Company	
Address P. O. Box 68, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Request allowable to produce Atoka
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name Cimarron RB Fed Gas Com	Well No. 1 Pool Name, including Formation North-Loving Atoka	Kind of Lease State, Federal or Fee Federal	Lease No. NM 16331
Location Unit Letter L 1980 Feet From The South Line and 660 Feet From The West Line of Section 34 Township 22-S Range 28-E, N.M.P.M. Eddy County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Llano, Inc.	P. O. Drawer 1320, Hobbs, NM 88241
If well produces oil or liquids, give location of tanks.	Unit L Sec. 34 Twp. 22-S Rge. 28-E Is gas actually connected? Yes When 10-3-83

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 as prev. ☐ Diff. Res'n ☐		
Date Spudded 6-12-83	Date Compl. Ready to Prod. 8-23-83	Total Depth 11600'	P.B.T.D. 11598'
Elevations (D.F., R.R.D., RT, GR, etc.) 3042.3' GL	Name of Producing Formation Atoka	Top Oil/Gas Pay 11495'	Tubing Depth 11465'
Perforations Perf 4-1/2" liner 11495'-11507' w/4 SPF		Depth Casing Shoe 11600'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	392'	500x
14-3/4"	10-3/4"	2637'	2100sx
9-1/2"	7-5/8"	10000'	1575 sx
6-1/2"	4-1/2"	11600'	400 sx

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

GAS WELL			
Actual Prod. Test-MCF/D 3166	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, sack pr.) Flowing	Tubing Pressure (Shut-in) 3800 psi	Casing Pressure (Shut-in)	Choke Size 7/64"

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED OCT 13 1983, 19	
Cathy L. Forman (Signature) Assist. Admin. Analyst (Title) 10-10-83 (Date)		BY Leslie A. Clements Supervisor District II TITLE	
+5-NMOCD,A 1-R. E. Ogden, HOU Rm. 21.150 7-F.J. Nash R. 4.206, Hou 7-CLF		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.	