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

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

RECEIVED
OCT 12 1983
O. C. D.
ARTESIA, OFFICE

Operator
Amoco Production Company

Address
P. O. Box 68, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:	
Recompletion		Oil	Dry Gas
Change in Ownership		Casinghead Gas	Condensate

Other (Please explain)
Request allowable to produce Atoka

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Cimarron RB Fed Gas Com	1	North-Loving Atoka	State, Federal or Fee Federal	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 , NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate X	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas X	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	34	22-S	28-E	Yes	10-3-83

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

III. 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-12-83	8-23-83	11600'	11598'
Elevations (DF, RKB, RT, GR, etc.,	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3042.3' GL	Atoka	11495'	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

IV. 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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3166	24 hours	0	
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Flowing	3800 psi		7/64"

V. CERTIFICATE OF COMPLIANCE

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.

Cathy L. Forman
(Signature)
Assist. Admin. Analyst
(Title)
10-10-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 13 1983, 19 _____

BY Original Signed 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.

+5-NMOCD,A 1-R. E. Ogden, HOU Rm. 21.150
1-F.J. Nash R. 4.206, Hou 1-CLF