

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name South Hobbs (GSA) Unit
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 144
4. Location of Well SL/BHL M/N 580/1316 FEET FROM THE South LINE AND 775/1337 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.	10. Field and Pool, or Wildcat Hobbs GSA
15. Elevation (Show whether DF, RT, GR, etc.) 3609.6' GL	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER status update <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Began pump testing 11-15-83 and tested for 11 days. Last 24 hours well pumped 2 BO, 112 BW, and 22 MCFD. Moved in service unit 11-28-83 and dropped standing valve. Pressure tested tubing to 500 psi and OK. Moved out service unit and re-started pump test 11-28-83. Tested for 7 days and last 24 hours well pumped 0 BO, 196 BW and 14 MCFD. Moved in service unit 12-5-83. Pulled pump and tubing and moved out service unit. Heavy scale found in gas separator and pump intake. Moved in service unit 12-7-83. Knocked out tight spot at 4248' and ran casing scraper to 4457'. Pulled out of hole. Attempted to run rods and pump and cable went to ground. Pulled out of hole. Moved out service unit 12-12-83. Moved in service unit 12-14-83. Re-ran 2-7/8" tubing, rods, and pump. Moved out service unit 12-15-83. Scale squeezed well and shut in 24 hours. Pump test for 4 days. Last 24 hours pumped 22 BO, 414BW, and 3 MCFD. Completed as an oil well 12-20-83 and is currently producing.

O+5-NMOCD, H 1-R. E. Ogden, HOU Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-CLF 1-Petro Lewis
1-Texaco 1-Sun 1-Shell

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Cathy L. Forman TITLE Assist. Admin. Analyst DATE 12-30-83

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE JAN 11 1984

CONDITIONS OF APPROVAL IF ANY:

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JAN 10 1984
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	GAS
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes NM O-104 and O-1
Effective 1-1-65

Operator
Amoco Production Company

Address
P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper one) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Request 1000 bbl testing allowable for Grayburg San Andres
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinehead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

I. DESCRIPTION OF WELL AND LEASE

Lease name South Hobbs (GSA) Unit	Well No. 144	Pool Name, including formation Hobbs GSA	Kind of Lease State, Federal or Fee Fee	Lessee No.
Location Unit Letter M ; 580 Feet From The South Line and 775 755 Feet From The West				
Line of Section 3 Township 19-S Range 38-E , N.M.P.M. Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Company	P. O. Box 1008, Hobbs, NM 88240
Name of Authorized Transporter of Casinehead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit M Sec. 3 Twp. 19-S Rge. 38-E is gas actually connected? No When

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 Resrv. Diff. Resrv.
<input checked="" type="checkbox"/>							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.				
Elevations (DF, R&D, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Restrictions	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				

IV. 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-MMCF

GAS WELL

Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, suck pr.)	Tubing Pressure (5000-10)	Casing Pressure (5000-10)	Choke Size

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)

Assistant Administrative Analyst

(Title)
12-16-83

(Date)

O+5 - NMOCD, H 1 - R. E. Ogden, Hou 1 - CLF

OIL CONSERVATION COMMISSION

APPROVED **DEC 22 1983** , 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**
TITLE **DISTRICT I SUPERVISOR**

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 1111.
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 O-104 must be filed for each pool in multiple.