

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

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

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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)
Request allowable to produce

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Hobbs (GSA) Unit	Well No. 156	Pool Name, including Formation Hobbs GSA	Kind of Lease State, Federal or Fee	Lease No. A-1212-1
Location SL/BHL				
Unit Letter H	Feet From The 1370/1343		Line and North	Feet From The 330/52
Line of Section 9	Township 19-S	Range 38-E	County Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1008, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) EFFECTIVE February 1, 1992 4001 Pembroke, Odessa, TX 79761	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 9
	Twp. 19-S	Rge. 38-E
	Is gas actually connected? Yes	
	When 1-17-84	

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. Ferman
(Signature)

Assist. Admin. Analyst

(Title)

1-27-84

(Date)

0+5-NMOCD, H 1-R. E. Ogden, HOU 1-CLF
1-F. J. Nash, HOU 1-Petro Lewis 1-Sun
1-Shell 1-Texaco

OIL CONSERVATION DIVISION

FEB 1 1984

APPROVED _____, 19 _____

BY **ORIGINAL SIGNED BY JERRY CANTON**

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 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 12-6-83	Date Compl. Ready to Prod. 1-17-84	Total Depth 4324'			P.B.T.D. 4314'				
Elevations (DF, RKB, RT, GR, etc.) 3602.9' GL	Name of Producing Formation GSA	Top Oil/Gas Pay 4148'			Tubing Depth 4256'				
Perforations 4148'-66', 4173'-77', 4191'-4205', 4210'-17 and 4229'-41' w/4SPF							Depth Casing Shoe 4324'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"		8-5/8"		1575'			875 C1 C w/add.		
7-7/8"		5-1/2"		4324'			1550 C1 C neat		
		2-7/8"		4256'					

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 12-31-83	Date of Test 1-17-84	Producing Method (Flow, pump, gas lift, etc.) Pump		
Length of Test 24 hours	Tubing Pressure	Casing Pressure 38 psi		Choke Size
Actual Prod. During Test 24B0, 210BW, 8 MCFD	Oil - Bbls. 24	Water - Bbls. 210		Gas - MCF 8

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size

RECEIVED

1-21-1984

1984