

P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator  
**Amoco Production Company**

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

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

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

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE *South Red Hills atoka Gas R-7372 11-1-83*

Lease Name <b>State IT</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Und. Atoka</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>-4785</b>
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Location  
Unit Letter **F**; **1980** Feet From The **North** Line and **1980** Feet From The **West**  
Line of Section **16** Township **26-S** Range **33-E**, NMPM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, TX</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Llano</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1320, Hobbs, NM</b>

If well produces oil or liquids, give location of tanks. Unit **F** Sec. **16** Twp. **26-S** Rge. **33-E** Is gas actually connected? **Yes** When **1-15-82**

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 <input type="checkbox"/>	Gas well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>8-17-80</b>	Date Compl. Ready to Prod. <b>10-15-81</b>	Total Depth <b>14623</b>	P.B.T.D. <b>14593</b>					
Elevations (DF, RAB, RT, GR, etc.) <b>3292.6 RDB</b>	Name of Producing Formation <b>Atoka</b>	Top Oil/Gas Pay <b>14418</b>	Tubing Depth <b>14186</b>					
Perforations <b>14418-426, 14430-450, 4 JSPF</b>		Depth Casing Shoe <b>14623</b>						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20	16	790	900
14-3/4	10-3/4	4930	950
9-1/2	7-5/8	12500	2650
	4-1/2	14623	600

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of the 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 <b>1856</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate/MCF <b>5</b>	Gravity of Condensate
Testing Method (pilot, back pr.) <b>Flow</b>	Tubing Pressure (Shut-in) <b>9600</b>	Casing Pressure (Shut-in)	Choke Size <b>18/64</b>

**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.

*Mark Freeman*  
(Signature)  
**Assist. Admin. Analyst**  
(Title)  
**1-21-82**  
(Date)

OIL CONSERVATION DIVISION  
**FEB 21 1982**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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 deviate 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.