

C/S  
LT  
ET  
JP

State of New Mexico  
Energy, Minerals and Natural Resources Department

RECEIVED Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

FEB 16 '90

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

I. Operator Amoco Production Company Well API No. 30-015-2626

Address P. O. Box 3092 Houston, TX 77253

Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  Other (Please explain) \_\_\_\_\_

Change in Transporter of:  Oil  Casinghead Gas  Dry Gas  Condensate

If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jasso Unit</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Loving, Delaware East</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No.
---------------------------------	----------------------	--	---	-----------

Location  
Unit Letter I : 1864 Feet From The South Line and 350 Feet From The East Line

Section 22 Township 23-S Range 28-E , NMPM. Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Pride Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P. O. Box 2436 Abilene, TX 79604</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P. O. Box 1492 El Paso, TX 79978</u>

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	<u>I</u>	<u>22</u>	<u>23</u>	<u>28</u>	<u>No</u>	<u>ASAP</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<u>X</u>	<u>X</u>		<u>X</u>					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>01/08/90</u>	<u>02/01/90</u>	<u>6300</u>	<u>6282</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>3022.3'</u>	<u>Delaware</u>	<u>6110</u>	<u>6053</u>
Perforations	Depth Casing Shoe		
<u>6110'-6143'; 6150'-6178'; 6194'-6223'</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>512</u>	<u>550</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>6300</u>	<u>2230</u>
<u>5-1/2" casing</u>	<u>2-7/8"</u>	<u>6053</u>	<u>Int ED-2 2-23-90 Comp of BK</u>

V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>01-31-90</u>	<u>02/08/90</u>	<u>Flowing</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>14.25 hours</u>	<u>Flowing 745 psi</u>		<u>12.5/64</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	<u>92.5 test/156 BOPD</u>	<u>8.5 test/14BWPD</u>	<u>74 test/125 MCFD</u>

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

VI. OPERATOR 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.

Amelia Hartman

Signature Amelia Hartman Asst. Administrative Analyst

Printed Name 02/13/90 Title (713) 584-7442

Date 02/13/90 Telephone No. (713) 584-7442

OIL CONSERVATION DIVISION

Date Approved AUG 31 1990

By ORIGINAL SIGNED BY  
MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.