

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

| | |
|------------------------|-----|
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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

I. Operator
Amoco Production Company

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

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Request Allowable for spot sale of 270 barrels of Vada Penn oil.
Well was plugged 1-28-83.

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|---|---------------|---|--|-----|-----------|
| Lease Name Pruitt D | Well No. 1 | Pool Name, including Formation Vada Penn | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>9-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> 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"/> J. M. Petroleum | Address (Give address to which approved copy of this form is to be sent) 2000 North Tower of the Americas, Dallas, Texas 75201 |
| Name of Authorized Transporter of Casinghead 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 <u>D</u> Sec. <u>17</u> Twp. <u>9-S</u> Rge. <u>34-E</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't. | Diff. Res't. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DE, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 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 |
| Testing Method (pitot, sack pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. 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.

Mark Freeman
(Signature)

Assistant Administrative Analyst
(Title)

3-10-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 11 1983, 19

BY ORIGINAL SIGNED BY EDDIE SEAY

TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.