

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Connection of casing head gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

☐ Dry Gas
☐ Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State DQ	Well No. 1	Pool Name, including Formation Many Gates Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. K-5606
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West				
Line of Section 32 Township 9-S Range 30-E, NMPLM, Chaves 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"/> AMOCO PRODUCTION COMPANY (trucks)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Pecos River Gas Plant, LTD c/o Liquid Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4000 The Woodlands, TX 77380
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit C Sec. 32 Twp. 9-S R. 30-E	Yes 3-24-84

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.

Mary C. Clark
(Signature)
Assist. Admin. Analyst

(Title)
4-12-84

(Date)

045-NMOCD, H 1-J. R. Barnett, HOU Rm. 21.156
1-F. J. Nash, HOU Rm. 4.206 1-GCC

OIL CONSERVATION DIVISION

APPROVED APR 13 1984, 1984
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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 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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v.	Diff. Res'v. X
Date Spudded 1-1-78	Date Compl. Ready to Prod. 7-18-83		Total Depth 9540'		P.B.T.D. 7500'				
Elevations (DF, RKB, RT, GR, etc.) 4042' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 7292'		Tubing Depth 7321'				
Perforations 7292'-7320' , 8114'-8128' w/4 JSPF						Depth Casing Shoe 9540'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1 3/4"		9-5/8"		1610'		642 filler, 200 CT C			
8-3/4"		5-1/2"		9540'		320 CT F, 230 Trinity			
						Lite			

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 7-15-83	Date of Test 7-18-83	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 216 BO, 123 BW, 200 MCF	Oil-Bbls. 216	Water-Bbls. 123	Gas-MCF 200

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

APR 12 1984
O.C.D.
HOBBS OFFICE