

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASI. Amoco Production CompanyAddress  
P. O. Box 68 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Request 500 bbl. testing allowable.

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State F0</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Und. Morrow</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>0G-5343</u>
Location Unit Letter <u>F</u> : <u>2080</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>13-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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Amoco Pipeline Company</u>	<u>P. O. Box 6110-A Chicago, IL 60680</u>					
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>F</u>	Sec. <u>32</u>	Twp. <u>13</u>	Rge. <u>34</u>	Is gas actually connected? <u>No</u>	When

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 Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, 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 (pilot, back 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

0+4-NMOCD, H 1-Hou 1-Susp 1-LBG

Benton Lee  
(Signature)Ast. Adm. Analyst  
(Title)9-18-80  
(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

Date Signed by

Larry Ser

Dist 1, Sup

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 deviated 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 conditions.

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

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
OG-5343	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator Amoco Production Company		8. Farm or Lease Name State F0
3. Address of Operator P. O. Box 68 Hobbs, NM 88240		9. Well No. 3
4. Location of Well UNIT LETTER <u>F</u> <u>2080</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>13-S</u> RANGE <u>34-E</u> NMPM.		10. Field and Pool, or Wildcat Und. Morrow
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Moved in service unit 8-2-80. Pulled rods, pump and tubing. Set a cement retainer at 10265'. Squeezed perforations 10298'-10517' with 175 SX Class H cement with additives. Reversed out 44 SX. WOC 24 hr. Drilled out cement retainer and cement to 10412'. Tested squeezed perforations with 1000# for 30 min. Test OK. Drilled cement from 10412'-10455'. Squeezed perfs 10459'-10517' with 100 SX Class H cement with additives. Reversed out 44 SX. Drilled cement and retainer from 10380'-10518'. Tested casing with 1000# for 30 min. Test OK. Drill cement stringers down to 10644'. Ran bit, drill collar and tubing to 12750'. Perforated 12230'-12236', 12425'-12437' and 12556'-12565' with 4 JSPF. Acidized with 5200 gal. 7½% MS acid. Raised tailpipe to 2842'. Set packer at 2780'. Acidized perforated interval 2910'-2964' with 5000 gal. 15% MCS acid. Currently flow testing well.

0+4-NMOCD, 1-Hou 1-Susp 1-LBG 1-W. Stafford, Hou

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Benton Green TITLE Assist. Admin. Analyst DATE 9-17-80

Orig. Signed By  
Jerry Sexton

APPROVED BY Dist 1, Supr. TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

M/Noncom (in Penn)

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
OG 5343	

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input checked="" type="checkbox"/> PLUG BACK <input type="checkbox"/>		8. Farm or Lease Name	
OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		State F0	
2. Name of Operator		9. Well No.	
Amoco Production Company		3	
3. Address of Operator		10. Field and Pool, or Wildcat	
P. O. Box 68 Hobbs, NM 88240		Und. Morrow	
4. Location of Well		12. County	
UNIT LETTER <u>E</u> LOCATED <u>2080</u> FEET FROM THE <u>North</u> LINE		Lea	
AND <u>1980</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>32</u> TWP. <u>13-S</u> RGE. <u>34-E</u> NMPM			
19. Proposed Depth		19A. Formation	
----		Morrow	
20. Rotary or C.T.		21. Elevation (Show whether DL, RL, etc.)	
----		4157.6 GL	
21A. Kind & Status Plug. Bond		21B. Drilling Contractor	
----		----	
22. Approx. Date Work will start			
7-21-80			

23.

### PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	Existing casing will		not be altered		

Propose to recompleate to the Morrow zone per the following procedure:

Pull rods, pump, and tubing. Run a cement retainer set at 10265'. Squeeze perfs 10298'-306', 10366'-382' with 100 SX Class H cement. Reverse out excess. WOC 24 hrs. Drill out cement retainer at 10265' and test squeeze. Drill out out hole to plug back TD of 12750'. Perforate Morrow 12230'-236', 12425'-437', 12556'-565' with 4 JSPF. Run tubing, packer, and tailpipe. Packer set at 12130'. Acidize with 5200 gal. 7-1/2% MS acid. Swab backload and begin flow testing.

0+4-NMOCD, H 1-Hou 1-Susp 1-LBG

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Bob Davis Title Admin. Analyst Date 7-15-80

(This space for State Use)

Orig. Signed by  
John Runyan  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUL 17 1980

CONDITIONS OF APPROVAL, IF ANY