## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

## ... .. ..... ...... DISTRIBUTION SANTA PE FILE U.S.G.S. LAND OFFICE OIL TRAKSPORTER OPERATOR

## THIS WELL IS A TIGHT HOLE CLASSIFICATION

## 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

DOI TO HE HOUTAITORS	AUTHODIZATION T		AND COOT OU	4410 444 7	1541 646		
I.	AUTHORIZATION T	UIRANS	PORT UIL	. AND NATI	JRAL GAS		
AMOCO PRODUCTION COMPANY	,			CASIN	GHEAD GAS ED AFTER	MUST NOT	BE
Address					S AN EXCE	OTHOR TO D	4000
P. O. Box 68, Hobbs, NM	88240			IS OB	PAINED.	TION TO R	-4070
Reason(s) for filing (Check proper box)	<b>0</b> 1			Other (Pleas	e explain)	<del>, , , , , , , , , , , , , , , , , , , </del>	
Recompletion	Change in Transporter			5			
Change in Ownership	Casinghead Gas	=	ondensate	Requ	est allowab	le to produc	ce
If change of ownership give name and address of previous owner	THIS WI	ELL HAS ATED BEL	BEEN PLAC	CED IN THE	POOL		
	NOTIFY	THIS OF	ICE.	0 00 001	CONCOR		<del></del>
II. DESCRIPTION OF WELL AND LE							
	Well No. Pool Name, 1				Kind of Lease		Louse No.
State NB	<u> I I Baum</u>	<u>Upper</u>	Penn		State, Federal or	F. State	LG-1532
Unit Letter P. : 660	Feet From The SOU	th Lir	e and	60	Feet From The	East	
Line of Section 14 Township	<u>13-S</u>	Range	32-E				County
III. DESIGNATION OF TRANSPORT	TER OF ON AND M	7 4 TT 1 D A F	CAS				
Name of Authorized Transporter of Oil	or Condensate	MIUKAI	Address (	Sive address	to which approved	copy of this form i	s to be sent!
AMOCO PRODUCTION COMPANY	(trucks)		I .		33, Houston,		
Name of Authorized Transporter of Casinghe	cd Gas X or Dry Ga	as 🗀	Address (	Give address	to which approved	copy of this form in	s to be sent)
Warren Petroleum Company			P. 0.	Box 158	39, Tulsa, C	ιK	
If well produces oil or liquids,		Rge.	ls gas act	ually connect	ed? When		
give location of tanks.		<u>; 32-E</u>			1		
If this production is commingled with the	t from eny other lease	e or pool,	give comm	ingling orde	number:		
NOTE: Complete Parts IV and V on	reverse side if necess	ary.					
VI. CERTIFICATE OF COMPLIANCE					ONSERVATIO		
I hereby certify that the rules and regulations of been complied with and that the information give	the Oil Conservation Divi n is true and complete to t	ision have the best of	APPRO	VED M	AR 21 198	4	., 19
my knowledge and belief.			BY	Tipiciki			
			TITLE.		IL SIGNED BY J		
P. W 9 1	•						
athy Jo	rman				be filed in comp		
(Signature) Assist. Admin. A	nalyst		Prom, thi	a ioma must	est for allowable be accompanied well in accordance	by a tabulation	of the devices
(Tills)			IIA no elda	tections of new and rec	this form must be completed wells.	filled out comp	letely for allow-
3-21-84 (Dase)		-	Fill well nam	out only S	ections I, II, III or transporter, or	, and VI for the other such than	inges of owner,
O+5-NMOCD,H 1-R. E. Ogd 1-F. J. Nash, HOU	en, 1900 1-CLF			rate Forms	C-104 must be		

Designate Type of Completion	Oil Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Restv
	on = (X)	X	!	:	;	1	1
Date Epudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.		
1-13-84	3-12-84	10000'			9928'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	e of Producing Formation Top Oll/Gas Pay		Tubing Depth			
4306' GL	Baum Upper Penn		9736'		9609'		
Perforations					Depth Casing Shoe		
9814'-20', 9776'-9806' and 9736'-58' w/4 JSPF					10000'		
	TUBING, CASING, AN		G RECORE	)	<del></del>	.,500	
HOUE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"			C^w/1% Ca			
<u>" 11" </u>	8-5/8"	40381		1300 C1 C lite, 400 Cl			
7-7/8"	5-1/2"	10000'			1550 Cl H w/add.		
	2-3/8"	9609		·	+===	, aaa.	

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)

Data First New Oil Run To Tanks 3-7-84	3-12-84	Producing Mathod (Flow, pump, flow	gas lift, etc.)
Length of Test 24 hours	Tubing Pressure flow 600 psi	Casing Prossure	Chot 20764"
Actual Pred. During Test 390 Bo,OBW, 850 MCFD	390	Water-Bbls.	Gae-MCF 850

GAS WELL

Actual Prod. Test-MCF/D	Longth of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

