

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-------------------|-------------|
| NO. OF APPLICANTS | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NATURAL GAS |
| OPERATOR | |
| PROMOTION OFFICE | |

| | |
|---|-------------------------------------|
| Operator Amoco Production Company | |
| Address P. O. Box 68, Hobbs, NM 88240 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Name change from Anderson B Com. #1 |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------------|-------------------------|--|--|------------------------------|
| Lease Name State MM Com. | Well No. 1 | Pool Name, Including Formation North Anderson Ranch Wolfcamp | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location | | | | |
| Unit Letter I | 3637 | Feet From The North | Line and 810 | Feet From The East |
| Line of Section 3 | Township 16-S | Range 32-E | NMPM | Lea County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------------------|-------------------|-------------------|--|------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Amoco Production Company - Trucks | P. O. Box 1183, Houston, TX | | | | | |
| 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) | | | | | |
| Conoco, Inc. | P. O. Box 2197, Houston, TX | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit I | Sec. 3 | Twp. 16 | Rge. 32 | Is gas actually connected? Yes | When 10-9-80 |

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

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|----------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas well | New Well | Workover | Deepen | Plug Back | Same Reservoir | Diff. Res. |
| 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 |
| | | | |
| | | | |
| | | | |

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/MCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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.

OIL CONSERVATION DIVISION

APPROVED **AUG 23 1981**, 19____BY **Jerry Sexton**TITLE **Dist. L. Supv.**

This form is to be filed in compliance with RULE 1004.

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 Form C-104 must be filed for each pool in multiple.

Hug Mitchell

(Signature)

Admin. Analyst**8-24-81**

(Date)