

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

I. 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 checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input 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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State HQ	Well No. 2	Pool Name, including Formation Airstrip Upper Bone Spring	Kind of Lease State, Federal or Fee State	Lease No. L-3674
Location Unit Letter I : 1780 Feet From The South Line and 480 Feet From The East				
Line of Section 26 Township 18-S Range 34-E, NMDM, Lea 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"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 25	Twp. 18	Rge. 34
	Is gas actually connected?		When 9-18-80	

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 <input checked="" type="checkbox"/>	Gas well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 6-19-80	Date Compl. Ready to Prod. 9-22-80		Total Depth 10800'		P.B.T.D. 10465'			
Elevations (DF, RKB, RT, GR, etc.) 3975.0' GL	Name of Producing Formation Upper Bone Springs		Top Oil/Gas Pay 9230'		Tubing Depth 9107'			
Perforations 9230'-9474'				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		295'		350 Class C			
12-1/4"	9-5/8"		3970'		1875 Lite, 200 Class C			
8-3/4"	7"		10800'		1100 Lite, 600 Class H			

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-22-80	Date of Test 9-22-80	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size 28/64"
Actual Prod. During Test	Oil-Bbls. 362	Water-Bbls. 0	Gas-MCF 336

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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
1-W. Stafford, Hou 1-Bass 1-Mesa
1-Superior 1-Southland 1-Pacific Lighting

(Signature)
Benton Green

Assist. Admin. Analyst

(Date)

10-2-80

OIL CONSERVATION DIVISION

APPROVED _____, 1980

BY John W. Penney

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 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 ownership, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiply completed wells.