

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY		CASINGHEAD GAS MUST NOT BE PLACED IN THE POOL <u>3/1/84</u>	
Address P. O. Box 68, Hobbs, NM 88240		UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:	Recompletion from Wolfcamp to Upper Bone Springs	
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas		
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate		

If change of ownership give name
and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "IA"	Well No. 1	Pool Name, including Formation Airstrip Upper Bone Springs	Kind of Lease State, Federal or Fee	Lease No. L-4883
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>36</u> Township <u>18-S</u> Range <u>34-E</u> , NMPM, 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 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 Sec. Twp. Rge. is gas actually connected? When
U 36 18-S 34-E	No

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.

Cathy L. Gorman
(Signature)
Assist. Admin. Analyst

(Title)
1-13-84

(Date)

0+5-NMOCD, H 1-R. E. Ogden, HOU 1-CLF
1-F. J. Nash, HOU 1-MESa

OIL CONSERVATION DIVISION

APPROVED JAN 17 1984, 19

BY ORIGINAL SIGNED BY EDDIE SEAY

TITLE OIL & GAS INSPECTOR

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'tv.	Diff. Res'tv. X
Date Spudded 12-14-83		Date Compl. Ready to Prod. 12-30-83		Total Depth 10940'		P.B.T.D. 10565'			
Elevations (DF, RKB, RT, GR, etc.) 3974.6' GL		Name of Producing Formation Upper Bone Springs		Top Oil/Gas Pay 9215'		Tubing Depth 9330'			
Perforations 9215'-24'-29'-34', 38'-45', 47'-50', 62'-72', 76'-85', 88'-9302 and 04'-30'						Depth Casing Shoe 10940'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"		13-7/8"		335'		400 CI C			
12-1/4"		9-5/8"		4000'		1325 Lite, 200 CI C			
8-3/4"		5-1/2" & 4"		10800' & 10940'		1150 Lite, 335 CI H			
		2-7/8" & 2-3/8"		1491 & 9330'					

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 12-26-83	Date of Test 12-30-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 98 BO, 53 BW, 25 MCFD	Oil-Bbls. 98	Water-Bbls. 53	Gas-MCF 25

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

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JAN 16 1984
C.C.D.
HOSEA OFFICE