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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Amoco Production Company

Address

P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐Other (Please explain) **3/11/82**  
**EXEMPTION TO RULE 1104**If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State HS Com.	1	Wildcat Bone Springs	State, Federal or Fee State	L-6309
Location				
Unit Letter	K	1980 Feet From The South Line and 1980 Feet From The West		
Line of Section	9	Township 18-S	Range 34-E	County Lea

## 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)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
5-11-81	12-17-81		13745		10450'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4066.8 RDB	Wolfcamp		8050		8300			
Perforations					Depth Casing Shoe			
8050-8428' 4 JSPF					13717			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13-3/8"	400'	Circ.
12-1/4"	9-5/8"	5900'	Tie back to 13-5/8"
8-3/4"	5-1/2"	13600'	3750'
	2-7/8"	7962'	

## 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 oil able for this depth or be for full 24 hours)

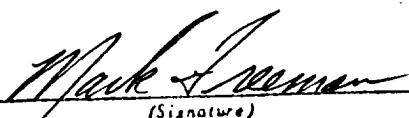
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-17-81	12-17-81	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	200	1000 PSI	8/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
342	314	28	675

## 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.



Assist. Admin. Analyst

(Title)

12-21-81

(Date)

## OIL CONSERVATION DIVISION

APPROVED

JAN

19

BY

Orig. Signed

JAN, 1982

Dist. 1

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device 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 well name or number, or transporter, or other such change of condition.

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