

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  
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
**AMOCO PRODUCTION COMPANY**

Address  
**P. O. Box 68, Hobbs, NM 88240**

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain) <b>Request allowable to produce</b>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/>	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership				

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State HQ</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Airstrip Upper Bone Springs</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>L-3674</b>
Location Unit Letter <b>0</b> : <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b>				
Line of Section <b>26</b> Township <b>18-S</b> Range <b>34-E</b> , NMPM, <b>Lea</b> 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"/> <b>AMOCO PRODUCTION COMPANY (Trucks)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, TX 77001</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1589, Tulsa, OK</b>
If well produces oil or liquids, give location of tanks. Unit <b>0</b> Sec. <b>26</b> Twp. <b>18-S</b> Rge. <b>34-E</b>	Is gas actually connected? When <b>Yes</b> <b>1-7-84</b>

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)

1-11-84

(Date)

0+5-NMOCD,H 1-R. E. Ogden, HOU 1-CLF  
1-F.J.Nash, HOU 2-TX0 1-Texas Eastern  
1-Southland Royalty 1-Mesa 2-Pacific

OIL CONSERVATION DIVISION

JAN 12 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **ORIGINAL SIGNED BY JERRY SEXTON**

**DISTRICT I SUPERVISOR**

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 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 X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-11-83	Date Compl. Ready to Prod. 1-10-84		Total Depth 10900'		P.B.T.D. 10835'			
Elevations (DF, RKB, RT, GR, etc.) 3980' GL	Name of Producing Formation Upper Bone Springs		Top Oil/Gas Pay 9372'		Tubing Depth 9456'			
Perforations 9532'-9562', 9372'-9382' and 9390'-9434'					Depth Casing Shoe 10899'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		310'		350 Cl C			
12-1/4"	8-5/8"		4000'		2500 Cl C Lite. 400 Cl C neat			
7-7/8"	5-1/2", 2-3/8"		10899' and 9456'		950 Cl H Lite, 1550 Cl B			

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 1-1-84	Date of Test 1-10-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1059B0, 215BW, 583MCFD	Oil - Bbls. 1059	Water - Bbls. 215	Gas - MCF 583

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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