

## 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 RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
General Operating Company

Address

Suite 1007 Ridglea Bank Building, Fort Worth, Texas 76116

Reason(s) for filing (Check proper box)

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"/>

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER  
UNLESS AN EXCEPTION TO R-4076  
IS OBTAINED.**If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Amoco State	Well No. 1	Pool Name, including Formation E-K Yates-SR-Queen	Kind of Lease State, Federal or Fee State	Lease LG-128
Location Unit Letter <u>M</u> ; <u>660'</u> Feet From The <u>Sout</u> Line and <u>330'</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>18S</u> Range <u>34E</u> , NMPM, Lea Cour.				

## 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, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Not Connected	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 M	Sec. 8
	Twp. 18S	Rge. 34E
	Is gas actually connected? No	
	When	

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. <input type="checkbox"/>
Date Spudded 7/22/83	Date Compl. Ready to Prod. 8/25/83		Total Depth 4800' RKB		P.B.T.D. 4762' RKB			
Elevations (DF, RKB, RT, GR, etc.) 4072.4' GR, 4083.4' RKB	Name of Producing Formation Queen		Top Oil/Gas Pay 4380' RKB		Tubing Depth 4658' RKB			
Perforations 4381'-95' RKB overall, Upper Queen sand and 4598'-4606' RKB, Lower Queen sand					Depth Casing Shoe 4800' RKB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4" and 11"	8-5/8" OD		1701' RKB		760			
7-7/8"	4-1/2" OD		4800' RKB		350			
4"	2-3/8" OD		4658' RKB		None			

## 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 of well for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8/27/83	Date of Test 8/29/83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 20 psi	Casing Pressure 20 psi	Choke Size None
Actual Prod. During Test 66 BF	Oil-Bble. 44	Water-Bble. 22	Gas-MCF 44

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	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.

C.W. Stumhoffer

(Signature) C. W. Stumhoffer

Vice-President

(Title)

September 2, 1983

(Date)

OIL CONSERVATION DIVISION  
SEP 8 1983

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 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 multi-completed wells.