

AMENDED TO CORRECT POOL NAME FROM  
UND. AIRSTRIp WOLFCAMP TO AIRSTRIp  
UPPER BONE SPRINGS

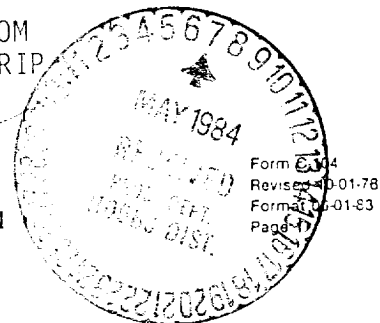
STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY	
Address P. O. Box 68, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Request 2000 bbl testing allowable for Airstrip Upper Bone Springs
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State HQ	Well No. 4	Pool Name, including Formation Airstrip Upper Bone Springs	Kind of Lease State, Federal or Fee	State	Lease No. L-3674
Location Unit Letter <u>N</u> : <u>590</u> Feet From The <u>Sout</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>26</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 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 N	Sec. 26	Twp. 18-S	Rge. 34-E	Is gas actually connected? When

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.

Harry C. Clark  
(Signature)  
Assist. Admin. Analyst

(Date)  
5-3-84

O+5-NMOCD, H 1-F. J. Nash, HOU Rm. 4.206  
1-J. R. Barnett, HOU Rm. 21.156 1-GCC

OIL CONSERVATION DIVISION MAY 10 1984	
APPROVED _____, 1984	
BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u>	
TITLE <u>DISTRICT SUPERVISOR</u>	

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	Gas Well	New well	Workover	Deepen	Plug Back	Same heavy	Diff. heavy
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

#### 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Ghnt-in)	Casing Pressure (2bat-in)	Choke Size

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WELL NAME & NUMBER State H Q #4

LOCATION 660' FSL and 1980' FEL, Sec. 26, T-18-S, R-34-E, Lea County, N.M.  
(Give Unit, Section, Township and Range)

OPERATOR Amoco Production Company

DRILLING CONTRACTOR Kenai Drilling Limited

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

DEGREES @ DEPTH	DEGREES @ DEPTH	DEGREES @ DEPTH	DEGREES @ DEPTH
<u>1/2 796</u>	<u>1/2 7995</u>	<u>                    </u>	<u>                    </u>
<u>3/4 1283</u>	<u>3/4 8336</u>	<u>                    </u>	<u>                    </u>
<u>3/4 1762</u>	<u>1 1/4 8830</u>	<u>                    </u>	<u>                    </u>
<u>1/4 2537</u>	<u>1 1/2 9830</u>	<u>                    </u>	<u>                    </u>
<u>3/4 3033</u>	<u>1/4 10,327</u>	<u>                    </u>	<u>                    </u>
<u>1 3304</u>	<u>1 10,900</u>	<u>                    </u>	<u>                    </u>
<u>1 3783</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>3/4 4020</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>1/2 4518</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>3/4 5016</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>3/4 5514</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>1 6015</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>1 6510</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>3/4 7005</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>1/2 7495</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

Drilling Contractor Kenai Drilling Limited

By Henry Ramirez  
Henry Ramirez, Operations Assistant  
Subscribed and sworn to before me this 26th day of April, 19 84

[Signature]  
Notary Public

My Commission Expires 9-18-85

Ector                      County Texas