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TRANSPORTER	OIL		
	GAS		
OPERATOR			
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I.

Operator
AMOCO PRODUCTION COMPANY
Address
BOX 367, ANDREWS, TEXAS 79714
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
**Formerly:
LOUINGTON SAN ANDRES UNIT WELL #51**
If change of ownership give name and address of previous owner **SKELLY OIL CO. MIDLAND, TX**

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE E TRACT 17	Well No. 5	Pool Name, Including Formation LOUINGTON SR UNDESIGNATED	Kind of Lease State, Federal or Fee STATE	Lease No.
Location Unit Letter P ; 990 Feet From The SOUTH Line and 660 Feet From The EAST Line of Section 1 Township 17S Range 36-E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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 OIL WELL

(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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

04 2-NMOC-11
1-DIV
1-SUSP
1-RR1

Roy R. Lyakum
(Signature)
ADMINISTRATIVE ASSISTANT
(Title)
4-7-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Jerry Sexton**
TITLE **Asst. L. Eng.**

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.



LTR



Job separation sheet

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	B-1553

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT --" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name Lovington San Andres Unit
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name Lovington San Andres Unit
3. Address of Operator P. O. Box 1351, Midland, Texas 79701	9. Well No. 51
4. Location of Well UNIT LETTER P 990 South 660 FEET FROM THE LINE AND FEET FROM East 1 17S 36E THE LINE, SECTION TOWNSHIP RANGE NMPM.	10. Field and Pool, or Wildcat Lovington San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4977' DF	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) Move in workover rig.
- 2) Set CIBP at 4540' with 5 sacks cement.
- 3) Cut off 5-1/2" OD casing at 2700' and pull.
- 4) Set 25 sack cement plug 2650-2750'.
- 5) Set 25 sack cement plug 1200-1300'.
- 6) Cut off 8-5/8" OD casing at 1000' and pull.
- 7) Set 50 sack cement plug 950-1050'.
- 8) Set 80 sack cement plug 245-345'.
- 9) Set 10 sack cement plug to surface and install dry hole marker.

NOTE: All intervals not cemented will be filled with 10.2# mud. The 8-5/8" OD casing set at 3140' and the 5-1/2" OD casing section set 2700-4556' after pulling upper section will be left in the hole.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

(SIGNED) LELAND FRANZ Leland Franz

Dist. Prod. Manager

9-11-75

SIGNED _____ TITLE _____ DATE _____

Orig. Signed by
John Ruryan
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: