

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>AMOCO PRODUCTION COMPANY</b>		
Address <b>P.O. BOX 68 HOBBS, NEW MEXICO 88240</b>		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	To Change the name from the Federal "AF" Com No. 1 to the Federal "AF" No. 1
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>FEDERAL "AF"</b>	Well No. <b>1</b>	Pool Name, including Formation <b>NORTH YOUNG BONE SPRINGS</b>	Kind of Lease State, Federal or Fed <b>FEDERAL</b>	Lease No. <b>NM-40448</b>
Location Unit Letter <b>K</b> : <b>1980</b> Feet From The <b>SOUTH</b> Line and <b>1980</b> Feet From The <b>WEST</b>				
Line of Section <b>8</b> Township <b>18-S</b> Range <b>32-E</b> , NMPM, <b>LEA</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

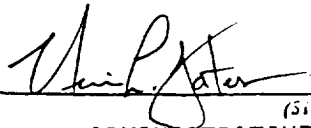
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>MATADOR PIPE LINE</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1558, BRECKENRIDGE, TX 76024</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>CONOCO</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 460, HOBBS, NM 88240</b>
If well produces oil or liquids, give location of tanks.	Unit : <b>K</b> Sec. : <b>8</b> Twp. : <b>18-S</b> Rge. : <b>32-E</b>
Is gas actually connected?	When : <b>12/9/81</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.

  
(Signature)  
**ADMINISTRATIVE ANALYST**  
(Title)  
**16 AUGUST 1985**  
(Date)

OIL CONSERVATION DIVISION  
**AUG 20 1985**  
APPROVED \_\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT 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	Gas Well	New Well	Workover	Deepen	Plug back	Same as prev.	Diff. Res.
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			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
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 (Chart-in)	Casing Pressure (Chart-in)	Choke Size

RECEIVED  
OIL 14 1983

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		N. M. OIL CONS. COMMISSION P. O. BOX 1980 HOBBS, NEW MEXICO 88240		5. LEASE DESIGNATION AND SERIAL NO. NM - 40448
2. NAME OF OPERATOR Amoco Production Company				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 68 Hobbs, NM 88240				7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL X 1980' FWL Unit K NE/4 of SW/4				8. FIRM OR LEASE NAME Federal "AF"
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3756.01' GR		9. WELL NO. 1
				10. FIELD AND POOL, OR WILDCAT N. Young - Bone Springs
				11. SEC., T., R. M., OR BLK. AND SURVEY OR AREA 8-18-32
				12. COUNTY OR PARISH LEA
				13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	<del>SHOOTING</del> OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

RU hot oil truck and pump 75 bbl. 29% KCL FW and 25 gal. Wellaid 303-C on 4-2-85. Circ well for 6 hrs and return well to prod for 96 hrs. RU pmp trucks and prs tst tbg to 300 psi. SI well and acidized down casing w/ 75 bbl 15% HCL w/ additives. Returned well to production and pump tested through 4-15-85. Production last 24 hrs: 64 BOPD, 11 BWPD and 44 MCFD.

18. I hereby certify that the foregoing is true and correct

SIGNED Theresa J. Jeter

TITLE Administrative Analyst

DATE 22 April 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

0+5 BLM - Carlsbad  
1- JRB, 1- FJB, 1- MLD  
APR 26 1985

\*See Instructions on Reverse Side

OIL CONSERVATION COMMISSION

BOX 1900

HOBBS, NEW MEXICO

NOTICE OF GAS CONNECTION

DATE 6-18-82

This is to notify the Oil Conservation Commission that connection for the purchase of gas from the Amoco Prod. Co.

Operator

AF Fed #1  
Lease, Well No. and Unit

Lea  
County

8-18-82  
S-T-R

Pool

Canoco Inc  
Name of Purchaser

was made on 12-9-81  
Date

Canoco Inc  
Purchaser

J L Sherrill  
Representative

Field Foreman  
Title

cc: To Operator  
Oil Conservation Commission - Santa Fe

RECEIVED  
JUN 22 1982  
U.S. C.A.  
HOSSEI OFFICE