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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 P.O. Box 68, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal AF Com	Well No. 1	Pool Name, including Formation <i>North Spring</i> Wildcat Bone Springs	Kind of Lease State, Federal, or Fee Federal	Lease No. NM-40448
Location				
Unit Letter K	1980	Feet From The South	Line and 1980	Feet From The West
Line of Section 8	Township 18-S	Range 32-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"/> Matador Pipe line	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 8
	Twp. 18	Rge. 32
	Is gas actually connected? Yes	When 12/9/81

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, CR, 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 (piston, 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.

Mark L. ...
(Signature)

AAA

(Title)

OIL CONSERVATION COMMISSION

APPROVED **MAR 3 1982**, 19

BY **ORIGINAL SIGNATURE**
JERRY SEXTON

TITLE **REGISTERED CLERK**

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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF RECEIPT	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator

Amoco Production Company

Address

P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

To show gas connection date

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Federal AF Com.	Well No. 1	Pool Name, including Formation Wildcat Bone Springs	Kind of Lease State, Federal or Free Federal	Lease No. NM 4044
Location				
Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West				
Line of Section 8 Township 18-S Range 32-E, NMPM, Lea County				

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)					
Amoco Production Company - Trucks	P. O. Box 1183, Houston, TX					
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)					
Conoco	Five Greenway Plaza E, Houston, TX					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	8	18	32	Yes	12-9-81

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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 5-11-81	Date Compl. Ready to Prod. 9-8-81		Total Depth 12820		P.S.T.D. 9415			
Elevations (DF, RKB, RT, GR, etc.) 3776.6 RDB	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8350		Tubing Depth 8307			
Perforations 8350'-8510'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	670'	600 SX Class C
12-1/4"	9-5/8"	4926'	2900 SX Lt X 200 SX C1
8-3/4"	5-1/2"	12820'	2000 SX Class H
	2-7/8"	8307'	

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 9-4-81	Date of Test 9-8-81	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size 15/64
Actual Prod. During Test 360	Oil-Bbls. 320	Water-Bbls. 40	Gas-MCF 354

GAS WELL

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

CERTIFICATE OF COMPLIANCE 0+4-NMOCD, H
1-Hou 1-Susp 1-W. Stafford, Hou 1-MDRI 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.Mark Randolph
(Signature)

Assist. Admin. Analyst

(Date)

12-17-81

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 1982, 10

BY _____ Orig. Signed by

Les Clements

TITLE _____ Oil & Gas Insp.

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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 allow-
able 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.