

## 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.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PROMOTION OFFICE	

Operator Amoco Production Company		<b>CASINGHEAD GAS MUST NOT FLARE AFTER 11/4/81 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED from U.S.D.</b>	
Address P.O. Box 68 Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Deviation Survey Attached	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

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

## I. 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-40448
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>18-S</u> Range <u>32-E</u> , NMPL, Lea County				

## I. 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					
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 K	Sec. 8	Twp. 18	Rge. 32	Is gas actually connected? No.	When

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

## II. 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. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded 5-11-81	Date Compl. Ready to Prod. 9-8-81		Total Depth 12820		P.B.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 Lite X200SX Clas
8-3/4"	5-1/2"	12820'	2000 SX Class H
	2-7/8"	8307'	

## III. 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)

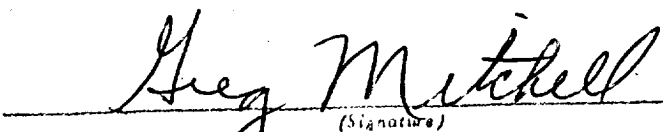
Date First New Oil Run To Tanks 9-4-81	Date of Test 9-8-81	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size 15/64
Actual Prod. During Test 360	Oil - Bbls. 320	Water - Bbls. 40	Gas - MCF 354

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

## IV. CERTIFICATE OF COMPLIANCE 0 + 4 NMOC, H

1-Hou 1-Susp 1-GPM 1-W. Stafford, Hou

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.



Administrative Analyst

9-8-81

(Date)

## OIL CONSERVATION DIVISION

SEP 9 1981

APPROVED \_\_\_\_\_, 19

BY Jerry Sexton  
Only Signed ByTITLE Dist. L. Supv.This form is to be filed in compliance with RULE 1101.  
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 conditions.

Separate Form C-104 must be filed for each pool in multiple completed wells.