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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
APR 6 1982

Form C-104
Supersedes NM C-104 and C-1
Effective 1-1-83

O. C. D.
ARTESIA, OFFICE

I. Operator
Amoco Production Company
Address
P. O. Box 68, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☒	Change in Transporter oil	☐
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DEDICATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Federal BS Gas Com	Well No., Pool Name, Including Portion	1 Bone Springs	Kind of Lease	State, Federal or Fee	Federal NM	Lease No.	40452	
Location	Unit Letter	K	1980	Feet From The	South	Line and	1980	Feet From The	West
Line of Section	11	Township	T-18-S	Range	R-32-E	N.M.P.M.	Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	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 ☐ or Dry Gas ☐	None	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	
	K	11	18	32			

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't.	Diff. Res't.
	☒	☐	☒	☐	☐	☐	☐	☐
Date Spudded	6-9-81	Date Compl. Ready to Prod.	3-24-82	Total Depth	13470	P.B.T.D.	7920	
Elevations (DF, RND, RT, GR, etc.)	3841.8 GL	Name of Producing Formation	Bone Springs	Top Oil/Gas Pay	6838	Tubing Depth	6989	
Perforations	6838-66, 6880-96, 6916-28					Depth Casing Shoe	13470	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/4	13-3/8	672	700 C1 C					
12-1/4	9-5/8	4900	2900 Lite, 200 C1 C					
8-3/4	5-1/2	13470	2070 C1H. 850 Lite					
	2-7/8	6989						

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.)

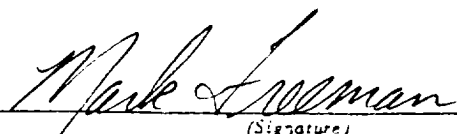
Date First New Oil Run To Tanks	2-5-82	Date of Test	3-24-82	Producing Method (Flow, pump, gas lift, etc.)	Pump
Length of Test	24 hours	Tubing Pressure		Casing Pressure	
Actual Prod. During Test	35	Oil-Bbls.	22	Water-Bbls.	13
				Gas-MCF	0

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

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.


(Signature)

Assist. Admin. Analyst
(Title)

4-5-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 13 1982, 19

BY ORIGINAL SIGNED BY

JERRY SEXTON

TITLE DISTRICT SUPER

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 multiple completed wells.