

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

I.

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): Initial completion in Und. Scharb Wolfcamp

CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/11/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Elkan

Well No.: 3

Pool Name, including Formation: ~~Elkan~~ Scharb Wolfcamp

Kind of Lease: Fee

State, Federal or Fee: Fee

Lease No.:

Location: Unit Letter J; 1980 Feet From The South Line and 1980 Feet From The East

Line of Section: 9 Township: 19-S Range: 35-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Koch Oil Company (Trucks)

Address (Give address to which approved copy of this form is to be sent): P. O. Box 1558, Breckenridge, TX

Name of Authorized Transporter of Casinghead Gas or Dry Gas
TSTM

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 J, Sec. 9, Twp. 19-S, Rge. 38-E

Is gas actually connected? No

When:

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.

Larry C. Clark
(Signature)

Assistant Administrative Analyst

(Title)

7/18/84

(Date)

075 NMOOD, H 1-J.R. Barnett, Hcc 1-F.J. Nash, Hcc
1-GCC

OIL CONSERVATION DIVISION

APPROVED JUL 20 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 Rest'v.	Diff. Rest'v.
		X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
9/15/83	7/5/84		11,000			10,958			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3807.5' GR	Und. Scharb Wolfcamp		10,616'			10,622'			
Perforations: 10723-10730', 10678-10692', 10616-10636' w/45PF						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"		13-3/8"		450'		650 'C' Neat			
12-1/4"		9-5/8"		4150'		1250 'C' Lt 400 'C' Neat			
8-3/4"		7"		11000'		1200 'H'			
		2-7/8"		10622'					

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.)	
11/22/83		6/7/84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hours				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
2 bbl	2	0	TSTM	

GAS WELL

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

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JUL 19 1984

O.C.D.
 ROSES OFFICE