Form 3160-5
November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICAT (Other instructions on verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
NM 40449

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER N. M. OIL CONS. COMMISSION

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY P. O. BOX 1980 HOBBS, NEW MEXICO 88240

8. FARM OR LEASE NAME
Federal AN

3. ADDRESS OF OPERATOR
P.O. BOX 68 HOBBS, NEW MEXICO 88240

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980' FSL X 660' FWL
Unit L, NW/4, SW/4

10. FIELD AND POOL, OR WILDCAT
N. Young - Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
8-18-32

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3177.5' GR

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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Final Status Update			☒
(Other)			☐	(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.)*

Pump tested well thru 4-10-85. MISU 4-11-85. Pulled out of hole w/ prod. equipment. RIH w/ 5½" cmt ret and SA 9055'. Squeezed perfs w/ 125 sx class H cmt w/ add. RIH w/ 3⅛" csg gun and perfed 8256'-94' w/ 4 JSPF. RIH w/ 5½" PPI pkr and acidized each 5' interval w/ 250 gal 15% NEFE HCL. Pulled pkr up to 8103 and acidized all perfs w/ 2000 gal 15% NEFE HCL. Flowed well 2 hrs. and ran swab for 10 hrs. Killed well and POH w/ PPI pkr. RIH w/ production equipment and MOSU 4-18-85. Began pmp testing 4-19-85. Pump tested through 4-30-85. MISU 5-1-85. POH w/ prod equipment. RIH w/ 5½" pkr and SA 8098'. Pumped 8000 gal gel 20% HCL acid and 29,000 gal 40 # gel X-linked FW 2% KCL. Flushed w/ 52 bbl 40 # gel FW 2% KCL

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

SIGNED [signature] TITLE Administrative Analyst DATE 15 May 1985

(This space for Federal or State office use)

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

0+5-BLM-C, 1-JRB, 1-FSN, 1-NLG, 1-Galaxy, 1-Belco, 1-Gulf-Mid, 1-Cities Services

MAY 31 1985

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

CARLSBAD, NEW MEXICO

Ran swab for 10 hrs and recovered 35 BO x 134 BW x Good SG. Rel pkr and POH w/ tbg and tools. RIH w 2-7/8" SN and 6 jts 2-7/8" tailpipe and 5 1/2" anchor and 2-7/8" tbg. SN LA 8354'. Anchor SA 8156'. MOSU 5-4-85 and resumed pump testing. Pump tested thru 5-13-85 and put well on production 5-14-85 at 94 BOPD & 42 MCFD x 18 BWPD.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain): To Show Gas Connected

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal "AN"	1	N Young Bone Springs	State, Federal or Fee Federal	NM 40449

Location

Unit Letter L : 1980 Feet From The South Line and 660 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 [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company (Trucks)	P.O. Box 1558 Breckenridge, Tx 76024
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc	P.O. Box 460 Hobbs, NM 88240

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	8	18-S	32-E	Yes	20 May 1985

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)

20 May 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 22 1985, 19__

BY Eddie W. Seay

TITLE Oil & Gas Inspector

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.

045 NMOCO-H, 1-JRB, 1-FJN, 1-NLG
1-Gabby, 1-Belco, 1-Gulf-Mid, 1-Cities Services

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, GR, 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 (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)

OIL WELL

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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

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Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
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Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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
	L	8	18-S	32-E	No	

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.

Nina L. Jaten
(Signature)
Administrative Analyst
(Title)
15 May 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 17 1985, 19

BY Eddie W. Seay

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1-Galaxy, 1-Belco, 1-Gulf-Mid, 1-Cities Services

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil well: X	Gas well	New well: X	Workover	Deepen	Plug back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-10-85	5-14-85	10,600	9055'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3177.5' GR	Bone Springs	8,256'	8354'

Perforations: [9164'-9220', 9242'-54', (Squeezed)] 8256'-8294' w/4 JSPF — Depth Casing Shoe: 10,600'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 ½"	13 3/8"	405'	450 SX
12 ¼"	8 5/8"	2814'	1600 SX
7 7/8"	5 ½"	10,607'	1970 SX
24 "	20"	40'	3 yds Redi Mix

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-20-85	5-13-85	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	94	18	42

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**

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