

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.U.S.	
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)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Deviation survey attached
Change in Ownership <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Hobbs (GSA) Unit	Well No. 123	Pool Name, Including Formation Hobbs GSA	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>H</u> : <u>2390</u> Feet From The <u>North</u> Line and <u>150</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>19-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1008, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Midland, TX 79702
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> <u>4</u> <u>19</u> <u>38</u> <u>1982</u> Is gas actually connected? <u>Yes</u> When <u>7-2-80</u>

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

V. 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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-8-78	Date Compl. Ready to Prod. 8-7-80	Total Depth 4286'	P.B.T.D. 4170'					
Elevations (DF, RKB, RT, GR, etc.) 3619.9 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 4131'	Tubing Depth 4165'					
Perforations 4131-4164			Depth Casing Shoe /					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	11-3/4"	1433'	950 Class C					
11"	8-5/8"	3907'	1400 Class C					
7-7/8"	5-1/2"	4284'	125 Class C					

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 7-2-80	Date of Test 8-7-80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 11	Oil - Bbls. 3	Water - Bbls.	Gas - MCF 11

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

I. 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 above is true and complete to the best of my knowledge and belief.

0+4-NMOCD, H 1-Hou 1-Susp 1-BG 1-Stafford, Hou

Bob Davis
(Signature)

Administrative Analyst
(Title)

8-15-80
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

John W. Runyan
Geologist
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 all wells 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 Form C-104 must be filed for each pool in multiple completed wells.

INCLINATION REPORT

OPERATOR Amoco Production Company ADDRESS PO Drawer A, Levelland, Texas 79336
 LEASE NAME South Hobbs Unit WELL NO. 123 FIELD _____
 LOCATION Section 5, T-19S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
2142	3	6.4852	120.3403
2235	3	4.8639	125.2042
2328	2	3.2457	128.4499
2515	3 1/2	11.4070	139.8569
2594	3 1/2	4.1890	144.0459
2681	3	4.5501	148.5960
2807	3	6.5898	155.1858
2870	2 1/2	2.7468	157.9326
2930	1 1/4	1.3080	159.2406
3053	1 1/2	3.2226	162.4632
3306	1	4.4275	166.8907
3517	1 1/2	1.8357	168.7264
3795	1 1/4	6.0604	174.7868
3918	1	2.1525	176.9393

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

John Ayers

TITLE John Ayers, Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief such
 well was not intentionally deviated from the true vertical whatsoever.

John Ayers

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 29th day of November, 19 78

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

Jerry L. Meyers
 Notary Public in and for the County
 of Lea, State of New Mexico