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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Supersedes ONS C-104 and C-1
Effective 1-1-65

I.

Operator Amoco Production Company	
Address P. O. Box 68, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Request 50 barrel testing allowable for Morrow 12820'-12838' for spot sale	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State LL	Well No. 1	Pool Name, including Formation Und. West Osudo Morrow	Kind of Lease State, Federal or Fee	Lease No. L-6942
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>12</u> Township <u>20-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Amoco Production Company (Trucks)	P. O. Box 1183, Houston, Texas	
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)	
El Paso Natural Gas	P. O. Box 1492, El Paso, Texas	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 12
	Twp. 20	Rge. 35
	Is gas actually connected? <u>NO</u> When	

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 Restv.	Diff. Restv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3654.0 GL	Name of Producing Formation Morrow		Top Oil/Gas Pay 12820		Tubing Depth 12739			
Perforations 12820'-28', 12830'-38' 2 JSPF					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

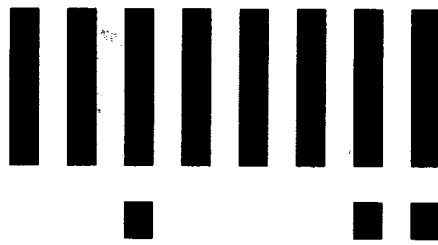
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Assist. Admin. Analyst
(Title)
9-2-82
(Date)

OIL CONSERVATION COMMISSION

SEP 3 1982
APPROVED _____, 19____
BY JERRY SEXTON
ORIGINAL SIGNED BY
TITLE DISTRICT 1 SUPR.

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 deviatric 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.



LTR



Job separation sheet

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1

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OPERATOR	

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
L-6942

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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State LL
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of well UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 12 TOWNSHIP 20-S RANGE 35-E NMPM.	10. Field and Pool, or Wildcat Wildcat Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3654.0 GL	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐PLUG AND ABANDON ☐
CHANGE PLANS ☐REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐ALTERING CASING ☐
PLUG AND ABANDONMENT ☐OTHER ☐OTHER ☐

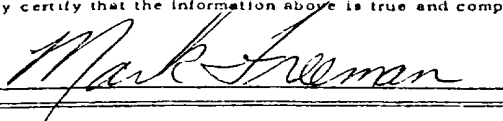
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Moved in service unit 8-9-82. Established injection rate. Pulled packer, tubing, and tailpipe. Ran cement retainer and set at 11861'. Squeezed with 200 sack class H cement. Reversed out 18 sacks. Ran 3-5/8 bit and tagged cement at 11855. Drilled out cement to 12040'. Pressure tested casing to 1000 PSI for 30 minutes. Tested O.K. Drilled out cement to 12711'. Tagged PBTD at 12940'. Ran CIBP and set at 12770'. Perforated intervals 12820-28 and 12830-38 with 2 JSPF. Ran shear disc, nipple, packer, tubing, and tailpipe. Packer set at 10443' and tailpipe landed at 12734'. Dropped bar and sheared disc. Swab tested 8 hours. Recovered 45 BW and a show of gas. Acidized with 2394 gallon 7-1/2% MS acid with 1000 SCF N2 per barrel. Flushed with 57 barrels 10# 2% KCL water with 1000 SCF N2 per barrel. Flow tested well 178 hours. Recovered 21 BC, 68 BW, and a 10-15 ft. flare of gas. Moved out service unit 8-19-82. Completed well 8-25-82.

0+4-NMOCD, Hobbs 1-HOU 1-W. Stafford, HOU 1-DMF

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED



TITLE

Assist. Admin. Analyst

DATE

8-31-82

APPROVED BY

OFFICIAL SIGNED BY
JERRY SEXTON

TITLE

DATE

SEP 2 1982

CONDITIONS OF APPROVAL: JERRY SEXTON