

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, NM 88240

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

Other (Please explain)
Request allowable to produce

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. 132	Pool Name, Including Formation Hobbs GSA	Kind of Lease State, Federal or Fee Fee	Lease No.
Location SL/BHL Unit Letter H : 1790/1400 Feet From The North Line and 1185/1236 Feet From The East				
Line of Section 4 Township 19-S Range 38-E, NMPL, Lea 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 Company	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 EFFECTIVE February 1, 1984	Address (Give address to which approved copy of this form is to be sent) 4801 Penbrook, Odessa, TX 79761
If well produces oil or liquids, give location of tanks. Unit H : 4 : 19-S : 38-E	Is gas actually connected? Yes When 1-27-84

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.

Cathy L. Forman
(Signature)
Assist. Adm. Analyst

(Title)
2-7-84

(Date)

0+5-NMOCD, H 1-R. E. Ogden, HOU 1-CLF
1-F. J. Nash, HOU 1-Petro Lewis 1-SUN
1-Shell 1-Texaco

OIL CONSERVATION DIVISION

FEB 10 1984

APPROVED _____, 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.

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 12-1-83	Date Compl. Ready to Prod. 1-27-84		Total Depth 4345'		P.B.T.D. 4335'				
Elevations (DF, RKB, RT, GR, etc.) 3614.9' GL	Name of Producing Formation GSA		Top Oil/Gas Pay 4104'		Tubing Depth 4301'				
Perforations 4104'-23', 33'-35', 51'-54', 60'-65', 70'-72', 76'-78', 4202'-04', 14'-25', and 4252'-69' with 4 SPF						Depth Casing Shoe 4345'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		1562'		875 CI C w/add.				
7-7/8"	5-1/2"		4345'		1000 CI C neat				
	2-7/8"		4301'						

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 12-31-83	Date of Test 1-27-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 52 psi	Choke Size
Actual Prod. During Test 102BO, 270BW, 393MCFD	Oil - Bbls. 102	Water - Bbls. 270	Gas - MCF 393

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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