

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

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 , NMPM, 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 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) 4801 Penbrook, Odessa, TX 79761		
If well produces oil or liquids, give location of tanks.	Unit H	Well No. 4	Range 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
12-1-83		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
12-1-83	1-27-84		4345'		4335'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3614.9' GL	GSA		4104'		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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
12-31-83	1-27-84	Pump		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hours		52 psi		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
102BO, 270BW, 393MCFD	102	270	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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