

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
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. 138	Pool Name, including Formation Hobbs GSA	Kind of Lease State, Federal or Fee	Lease No. A-1212-1
Location SL/BHL	Unit Letter I	2490/2628 Feet From The South	Line and 173/47	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"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Company	P. O. Box 1008, Hobbs, NM 88240
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)
Phillips Petroleum Company GPM Gas Corporation	4001 Penbrook, Odessa, TX 79761
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	I 4 19-S 38-E Yes 2-17-84

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. Serman

Assist. Admin. Analyst

(Title)
2-24-84

(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 28 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. 2-17-84		Total Depth 4315'		P.B.T.D. 4273				
Elevations (DF, RKB, RT, GR, etc.) 3612.3' GL	Name of Producing Formation GSA		Top Oil/Gas Pay 4094'		Tubing Depth 4227'				
Perforations 4094'-98', 4102'-98', 4112'-14', 4127'-30', 4144'-46', 4155'-64', 4174'-88', 4202'-13' and 4223'-25' w/4' SPF							Depth Casing Shoe 4315'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		1595'		875 CT C w/1% CaCl			
7-7/8"		5-1/2"		4315'		1050 CT C neat			
		2-7/8"		4227'					

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 1-5-84	Date of Test 2-17-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 17 BO.58MCFD.506 BW	Oil - Bbls. 17	Water - Bbls. 508	Gas - MCF 58

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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