

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. 146	Pool Name, including Formation Hobbs GSA	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>D</u> ; <u>75/5</u> Feet From The <u>North</u> Line and <u>1205/1311</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>19-S</u> Range <u>38-E</u> , 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"/>	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 checked="" 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	4001 Penbrook, Odessa, TX 79761
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>D</u> Sec. <u>9</u> Twp. <u>19-S</u> Rge. <u>38-E</u>	Yes 1-8-84

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. Admin. Analyst
(Title)
1-12-84
(Date)
O+5-NMOCD, H 1-R. E. Ogden, HOU 1-F.J. Nash
HOU 1-CLF 1-Petro Lewis 1-Sun 1-Shell
1-Texaco

OIL CONSERVATION DIVISION

APPROVED JAN 17 1984, 19
BY ORIGINAL SIGNED BY EDDIE 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	Gas-lift well	Water well	Open	Flow Block	Same Resv.	Diff. Resv.
11-20-83		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		F.B.T.D.					
11-20-83	1-8-84	4304		4260'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Gas Flow		Tubing Depth					
3600. 2' GL	GSA	4123		4239'					
Perforations				Depth casing shoe					
4123'-27', 34'-36', 46'-48', 64'-68', 76'-90' and 41'-42'				4332'					
TUBING, CASING, AND CEMENTING									
HOLE SIZE		CASING & TUBING SIZE		Casing		SACKS CEMENT			
12-1/4"		8-5/8"		15'		875 CT C w/ 1/2" CACL 2			
7-7/8"		5-1/2"		430'		750 TXI & C C TALC,			
		2-7/8"		420'		325 CT C			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of test volume and must be equal to or exceed top allowable for this depth or be for full test)

Date First New Oil Run To Tank	Date of Test	Producing Method	Flow rate, gas, etc./
1-3-84	1-8-84	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil-DBH	Water-DBH	Gas-MCF
1380, 259 BW, 0 MCFD			

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	DBH, Condensate, MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size