

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
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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

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. 148	Pool Name, Including Formation Hobbs GSA	Kind of Lease State, Federal or Fee	Lease No. A-1212-1
Location SL/BHL Unit Letter <u>A</u> : <u>192/0</u> Feet From The <u>North</u> Line and <u>990/1305</u> Feet From The <u>East</u>				
Line of Section <u>9</u> Township <u>19-S</u> Range <u>38-E</u> , 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 checked="" 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) EFFECTIVE: February 1, 1984 4001 Penbrook, Dallas 75226 TX 79761
If well produces oil or liquids, give location of tanks.	Unit : <u>A</u> Sec. : <u>9</u> Twp. : <u>19-S</u> Rge. : <u>38-E</u>
Is gas actually connected?	When Yes 12-28-83

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. Ferman
(Signature)

Assist. Administrative Analyst
(Title)

1-4-84

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

APPROVED JAN 6 1984, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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	Flow well	Water well	Open	Plug Back	Some Resrv	Diff. Resrv.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T. D.				
11-24-83	12-28-83		4339'		4305'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3610' GL	GSA		4160'		4786'				
Perforations 4160'-70', 72'-74', 76'-78', 84'-88', 4201'-08', 4211'-18', 20'						Depth Casing Shoe			
26', 28'-34', 36'-39', 45'-50', 52'-60 and 63'-70' w/ DPJSP						4346'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		1559'		875 21 C w/acid.			
7-7/8"		5-1/2"		4346'		1350 21 C			
		2-7/8"		4786'					

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

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-28-83	12-28-83	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil - Bbls	Water - Bbls	Gas - MCF
53 BO, 349BW, 51 MCFD	53	51	51

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	3ble. Condensate - MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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