

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATION		
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
AMOCO PRODUCTION COMPANY

Addressee
P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

Other (Please explain)
Initial completion

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. 149	Pool Name, including Formation Hobbs Grayburg San Andres	Kind of Lease State, Federal or Fee	State	Lease No. A-1212-1
Location					
Unit Letter <u>A</u> : <u>150/23</u> Feet From The <u>North</u> Line and <u>380/9</u> Feet From The <u>East</u>					
Line of Section <u>9</u> Township <u>19-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Company	Addressee (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 ☐ or Dry Gas ☐ Phillips Petroleum Company	Addressee (Give address to which approved copy of this form is to be sent) GPM Gas Corporation EFFECTIVE: February 1, 1992 4001 Penbrook, Odessa, 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? <u>Yes</u> When <u>4-5-84</u>

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.

Mary C. Clark
(Signature)

Assist. Admin. Analyst

(Title)
4-16-84

(Date)

OIL CONSERVATION DIVISION

APR 25 1984

APPROVED _____, 10 _____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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.
		X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
12-12-83	4-6-84		4343'		4332'				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3607.6' GL	Grayburg San Andres		4153'		4304'				
Perforations							Depth Casing Shoe		
4153'-4278'									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	14"		40'		2-1/2 yds.				
12-1/4"	8-5/8"		1522'		875				
7-7/8"	5-1/2"		4343'		1200				
	2-7/8"		4304'						

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.)	
1-29-84	4-5-84	pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
1044	4	1040	102

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

APR 24 1984
OFFICE