STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	Form C-104 Revised 10-01-78
DISTRIBUTION OIL CONSERV.	ATION DIVISION Format 06-01-83 Page 1
U.S.O.S. SANTA FE, NET	W MEXICO 87501
OPERATOR	R ALLOWABLE ND
AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS
Amoco Production Company	
P. O. Box 68, Hobbs, NM 88240 Reason(s) for filing (Check proper box)	Other (Please explain)
	Request allowable to produce
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	ormation Kind of Lease Lease No.
South Hobbs (GSA) Unit 161 Hobbs GSA	State, Federal or Fce State A1212-1
Unit Letter <u>G</u> ; <u>2630</u> Feet From The <u>North</u> Lin	e and <u>1331</u> Feet From The <u>East</u>
Line of Section 9 Township 19-S Range 3	8-E , NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	. GAS Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Company	P. O. Box 1008, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company GPM Gas Corporation	4002 Penbrook, Odessa, TX 79761
If well produces oil or liquids. give location of tanks.	Yes 3-5-84
If this production is commingled with that from any other lease or pool, NOTE: Complete Parts IV and V on reverse side if necessary.	give commingling order number:
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	APPROVED MAR 2 6 1984 . 19
	ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR

Horman

Assist. Admin. Analyst

3-21-84

1-Petro Lewis 1-Texaco 1-Shell

(Title)

(Date) 0+5-NMOCD,H 1-R. E. Ogden, HOU Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-CLF 1-Sun 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 AULE 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 Completi	on $-(X)$ Oil Well Gas Well χ	New Well X	Workover	Deopen	Plug Back	Same Restv.	Diff. Res"	
Date Spudded	Date Compl. Ready to Prod.	Total Dep	th		P.B.T.D.			
11-21-83	3-5-84	4:	4345'			4294'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top OII/G	Top Oll/Gas Pay			Tubing Depth		
3594' GL	GSA	4(4034 '			4222'		
Perforations 4162'-75', 78'	-80', 83'-87', 4201'-05'	(sq. w	(sq. w/cmt.);4034'-36'		Depth Casing Shoe			
	-64', 76'-82; 4162'-75',		78'-80', 83'-87', 4196		4345'			
	TUBING, CASING, AND	CEMENT	ING RECOR		4 JSPF			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"	8-5/8"	1599'		875 C1 C w/2% CaC12				
7-7/8"	5-1/2"	434	5'		700 T	ALC, 500	C1 C	
					w/1.5%	Flo Lok		
	2-7/8"	4222'						
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a) able for this de	te recovery pt or be fo	y of total volum y full 24 hours,	ne of load of	and must be a	qual to or exc	red top allo	
Date First New Oll Run To Tanks	Date of Test	Froducing	Producing Method (Flow, pump, gas B)					
12-11-83	3-5-84	pump						
Length of Test	Tubing Pressure	Casing Pressure		Choke Size				
24 hours				<u>.</u>				
Latural Dead Dustrie Test	OIL-Shie	Unter Bh	Vater-Bhis		Gas MCF			

Ì	Actual Prod, During Test	Oil-Bbis.	Vater-Bbis.	Gas-MCF
	2B0,349BW, 0 MCFD	2	349	0
	····			
ġ	GAS WELL			
ſ	Actual Prod. Test-MCF/D	Length of Test	Ebis. Condensate/MMCF	Gravity of Condensate

Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

MAR 2 1984 1

.