

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>AMOCO PRODUCTION COMPANY</b>	
Address <b>P. O. Box 68, Hobbs, NM 88240</b>	
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 <b>South Hobbs (GSA) Unit</b>	Well No. <b>162</b>	Pool Name, including Formation <b>Hobbs GSA</b>	Kind of Lease State, Federal or Fee	State <b>State</b>	Lease No. <b>A-1212-1</b>
Location <b>SL/BHL</b> Unit Letter <b>H</b> ; <b>2630/2600</b> feet From The <b>North</b> Line and <b>395/1</b> Feet From The <b>East</b>					
Line of Section <b>9</b> Township <b>19-S</b> Range <b>38-E</b> , 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)
<b>Shell Pipeline Company</b>	<b>P. O. Box 1008, Hobbs, NM 88240</b>
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)
<b>Phillips Petroleum Company GPM Gas Corporation</b>	<b>4001 Penbrook, Odessa, TX 79761</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>H</b> Sec. <b>9</b> Twp. <b>19-S</b> Rge. <b>38-E</b>	<b>Yes</b> <b>1-13-84</b>

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)  
1-20-84

(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

APPROVED **JAN 24 1984**, 19  
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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-16-83	Date Compl. Ready to Prod. 1-13-84	Total Depth 4335'			P.B.T.D. 4300'				
Elevations (DF, RKB, RT, GR, etc.) 3594.6' GL	Name of Producing Formation GSA	Top Oil/Gas Pay 4170'			Tubing Depth 4184'				
Perforations 4170'-186", 95'-97', 4213'-18", 25'-34', and 36'-47' w/4 SPF						Depth Casing Shoe 4335'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		1562'		875 Cl C w/add.			
7-7/8"		5-1/2"		4335'		1000 Cl C neat			
		2-7/8"		4184'					

#### 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 1-11-84	Date of Test 1-13-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 141B0, 305 BW, 16 MCFD	Oil - Bbls. 141	Water - Bbls. 305	Gas - MCF 16

#### 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

RECEIVED

JAN 23 1984

O.C.D.  
HOBBS OFFICE