

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
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, New Mexico 88240
Reason(s) for filing (Check proper box)
☒ New Well ☐ Recompletion ☐ Change in Ownership
Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate
Other (Please explain) Request allowable.

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>South Hobbs (GSA) Unit</u>	Well No. <u>198</u>	Pool Name, including Formation <u>Hobbs GSA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>A-1646-9</u>
Location Unit Letter <u>C</u> : <u>749/1926</u> Feet From The <u>North</u> Line and <u>1981/1642</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>19-S</u> Range <u>38-E</u> , NMPLA, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Shell Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1008, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>GPM Gas Corporation, P.O. Box 1008, Hobbs, NM 88240</u>
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>6</u> Range <u>19-S</u> <u>38-E</u> Yes <u>12-28-85</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.

Charles M. Lerring
(Signature)
Administrative Analyst (SG)
(Title)
12-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 3 - 1986
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	New well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 11-29-85	Date Compl. Ready to Prod. 12-30-85	Total Depth 4264'				P.B.T.D. 4263'			
Elevations (DF, RKB, RT, CR, etc.) 3637.1' GL	Name of Producing Formation GSA	Top Oil/Gas Pay 4155'				Tubing Depth 4156'			
Perforations 4155-4242'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
20"	14"		40'		3400 Redi Mix				
12 1/4"	8 5/8"		1584'		1100.5XCI C				
7 7/8"	5 1/2"		4264'		950.5XCI A Self Stress I				
	2 3/8"		4156'						

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 12-28-85	Date of Test 12-30-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size
Actual Prod. During Test 8 BBLs	Oil - Bbls. 3	Water - Bbls. 5	Gas - MCF 2

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

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JAN 2 - 1986

HOUSTON