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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Amoco Production Company</u>	Well API No. <u>30 025 30487</u>
Address <u>P.O. Box 3092 Houston, TX 77253</u>	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>South Hobbs / G-SA / UNIT</u>	Well No. <u>224</u>	Pool Name, including Formation <u>Grayburg San Andres Hobbs</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location <u>SL/8HL</u> Unit Letter <u>B</u> : <u>15301440</u> Feet From The <u>EAST</u> Line and <u>625/580</u> Feet From The <u>North</u> Line Section <u>4</u> Township <u>19S</u> Range <u>38E</u> , NMPM, <u>LEA</u> 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"/> <u>Shell Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 108 Hobbs, New Mexico 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 NAT'L GAS</u>	Address (Give address to which approved copy of this form is to be sent) <u>GPM Gas Corporation, P.O. Box 17902, Houston, TX 77261</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>34</u> Twp. <u>18-S</u> Rge. <u>38-E</u> Is gas actually connected? <u>Yes</u> When? <u>12-6-88</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>11-9-88</u>	Date Compl. Ready to Prod. <u>12-2-88</u>		Total Depth <u>4306</u>		P.B.T.D. <u>4022</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>GR 3620</u>	Name of Producing Formation <u>Grayburg San Andres</u>		Top Oil/Gas Pay <u>4000'</u>		Tubing Depth <u>3987</u>			
Perforations <u>Sg. 4000' - 4044'; Perfs 4000' to 4020; 4030 to 4040 SET CIBP 4022</u>		TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe <u>4306</u>				
HOLE SIZE <u>26</u> <u>14 3/4</u> <u>9 7/8</u>	CASING & TUBING SIZE <u>16</u> <u>10 3/4</u> <u>7</u> <u>3 1/2</u>		DEPTH SET <u>40</u> <u>4306</u> <u>1544</u> <u>4306</u>		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank <u>12-6-88</u>	Date of Test <u>6-19-89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>ESP</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>44</u>	Water - Bbls. <u>2392</u>	Gas- MCF <u>58</u>

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Blake T. Steele
Signature
Blake T. STEELE Admin. Analyst
Printed Name
7-14-89 713-584-7322
Date Telephone No.

OIL CONSERVATION DIVISION

JUL 24 1989

Date Approved _____

By _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.