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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		TO TRA	INSF	ORT OIL	AND NA	TURAL GA	10 	PI No		<del></del>	
Amoso Production Company							weil /	Well API No. 30-025-31212			
Amoco Production Company						30-025-31212					
P. O. Box 3092, Hous	ston. T	x 772	53								
Reason(s) for Filing (Check proper box)					Othe	r (Please expia	un)				
New Well		Change in		. ,							
Recompletion	Oil	40==	Dry C								
Change in Operator	Casinghea	d Clas	Cond	ensnie 📙					<del></del>		
f change of operator give name nd address of previous operator											
L. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name South Hobbs (GSA) Unit  Well No.   Pool Name, Include 228   Hobbs Gray				_	Andres		Kind of Lease State: Rediration: Fee		ease No.		
Location			1101	JUS GLAY	ourg Sall	Midtes					
Unit LetterD	:66	0	Feet i	From The No	rth_Line	and11	40 Fe	et From The	West	Line	
Section 5 Township 19-S Range 38-E NMPM, Lea Cour								County			
II. DESIGNATION OF TRANS				ND NATU	RAL GAS	e address to wil	uch annone	come of this f	orm is to he e	ent)	
•	same of Authorized Transporter of Oil  Shell Pipeline  Address (Give address to which approved copy of this form is to be sent)  831 Sunrise Circle, Hobbs, NM 88240										
Shell Pipeline Name of Authorized Transporter of Casing	head Gas	X	or Dr	y Gas 🗔		e address to wi				ent)	
Phillips Petroleum Co	o. GPM										
If well produces oil or liquids,	Unit	Sec	Thep.	Rge.	is gas actually connected?			When?			
give location of tanks.	A	9	19					6/27	/91		
f this production is commingled with that f	from any oti	ner lease or	pool, g	give comming	ing order numi	ber:					
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	- (X)		' I	GES WEII	X X				<u> </u>	<u></u>	
Date Spudded		pl. Ready to	o Prod.		Total Depth		•	P.B.T.D.			
6/19/91	6/27/91				4310'				4300'		
Elevations (DF, RKB, RT, GR, etc.)	( talle of 1 towns and 1 towns and							Tubing Dep	Tubing Depth		
3624.6 GL Grayburg San Andres						4112'			4300 1 Depth Casing Shoe		
Perforations 4112-48, 4155-97, 4206-16, 4222-42, 4250-80								•	4310'		
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			<del></del>	SACKS CEMENT		
14-3/4"	10-3/4"								1100 sx Class"C"		
9-7/8"	7"				4310'			1450 sx Class "C"			
3-1/2"						43001					
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E	<u>l</u>	<del>+</del>		<del></del>			
OIL WELL (Test must be after re	ecovery of u	otal volume	of loa	d oil and mus	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hos	ers.)	
Date First New Oil Run To Tank	Date of Te	est.			Producing M	ethod (Flow, pi	ump, gas lift,	etc.)			
6/27/91	9/3/91				Pumping Casing Pressure			Choke Size			
Length of Test	Tubing Pressure				Casing Pressure						
24 hours Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	Gas- MCF			
·	72				2496			116			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, buck pr.)	lubing Pr	essure (Shu	K-M)		Casing Press	me (MIR-III)					
THE CHIEF ATTOR CT TOTAL	ATTE OF	E COL II	DT TA	NCE	1		<u> </u>				
VI. OPERATOR CERTIFIC						OIL COM	<b>USERV</b>	ATION	DIVISION	NC	
I hereby certify that the rater and regulations of the Oil Conservation Division have been complied with and that the information given above									Man Mark		
is true and complete to the best of my knowledge and belief.					Date	Approve	ed	u il,			
Kim I Colum	•										
	<u> </u>				∥ By_	ORIGIN	<u> 4. 40'N</u> F	D BY JEGH	Y SEXTON		
Signature Kim A. Colvin Asst. Admin. Analyst Brown 130 Min. Analyst											
Printed Name			Title		Title						
9/23/91		713/59	6-7.								
Date		16	-7-1-101	, 170.	╝						

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

- 1) Request for altowable 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.
- 4) Separate rorm C-104 roust be filed for each pool in multiply completed wells.

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