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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, Artesia, 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 TRANSPORT OIL AND NATURAL GAS

Operator	<u>_</u>	<u> </u>					Well A	PI No.			
Amoco Production Company						30-025-31429					
Address	<u> ;</u>							023-314			
P.O. Box 3092, Houston	n mv 7	7253									
Reason(s) for Filing (Check proper box)	1, 10 /	1233			Orbo	t (Please expra	•= i				
New Well	,	Change in	T=====	er of:		4 () Marie Caper	 ,				
		$\overline{}$									
Recompletion	Oil Contractor		Dry Gas	_							
Change in Operator	Casinghead	Gas	Condens								
f change of operator give name and address of previous operator											
•					÷						
L DESCRIPTION OF WELL.											
Lease Name			Pool Na	me, includir	ng Formation			x Lease Federal or Fe		eass No.	
South Hobbs (GSA) Uni	t	236	Hob	bs Gra	yburg-Sa	an Andres		receited on the	5		
Location											
Unit Letter K	: 1403		Feet Fro	m The S	outh Lin	and1746	Fe	et From The	West	Line	
Section 4 Township	, 19 - s		Range	38-E	, N	ирм, Le	a			County	
III. DESIGNATION OF TRAN	SPORTER	OF OI	L ANI	NATUI	RAL GAS						
Name of Authorized Transporter of Oil	<u>v</u>	or Conden	mie ;		Address (Giv	e address so wh	ich approved	copy of this f	orm is to be se	nt)	
Shell Pipeline					831 St	nrise Ci	rcle, H	obbs, N	M 88240)	
Name of Authorized Transporter of Casing	mead Gas	X.	or Dry (Gas		e address to wh					
Phillips Petroleum Co					1625 7	V. Marlan	d, Hobb	s, NM	88240		
If well produces oil or liquids,	Unit	Unit Sec. Twp. Rge.			is gas actually connected? When			?			
give location of tanks.	A	9	19-s	38-E	Yes		1	12-	3-91	i	
If this production is commingled with that i	from any other	riense or	pool, give	commingi	ng order num	per:					
V. COMPLETION DATA	_	•		_	_						
		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i x	i		X	ĺ		ĺ	İ	i	
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth			P.B.T.D.			
11-12-91	12-3-91	12_3_01			4294'			4291 '			
Elevanous (DF, RKB, RT, GR, esc.)		Name of Producing Formston			Top Oil/Gas Pay			Tubing Depth			
3603.5'	Grayburg San Andres				4134'				 55'		
Performing								Depth Casi			
4134'-44';4152'-4208'	. 42141 (- 4 1 .									
4154 -44 ,4152 -4208			CASTA	IC AND	CEMENTI	NG PECOP	ח				
1101 5 0175	CASING & TUBING SIZE			CEMENTING RECORD DEPTH SET			SACKS CEMENT				
HOLE SIZE							+ -				
14 3/4"	10_3/4"			1517'			1100	1100 sx class "c"			
9 7/8"	7"	7 ^H			4294			· 1400 sx class "c"			
	2 7/8"				4055						
THE PART AND PROFES			A DI F		4255			<u> </u>			
V. TEST DATA AND REQUES									6 6-11 24 have	1	
OIL WELL (Test must be after n			of load o	u and must		ethod (Flow, pu			JOF JULI 24 NOU	73.)	
Date First New Oil Run To Tank	Date of Test					·	тф, даз 191, 1	uc.)			
12-3-91	1-14-92			Pump			Choke Size				
Length of Test	Tubing Pressure			Casing Pressure							
24 hrs.		, 38			40			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
	59			<u>!</u> :	371		94				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
the state of the s	1										
VI OBED ATOD CERTIFIC	ATT OF	COLE	OT TABI	CE							
VI. OPERATOR-CERTIFICATE OF COMPLIANCE					11 (DIL CON	ISERV	ATION	DIVISIO	NC	
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.							_	MAY 1	. 2 92		
is the and complete to the ocal of my knownings and ocher.						Approve	a				
V. n n.i.											
Kim a. Colven						5.37 (4) (4) (1)	<u> </u>	· · · · · · · · ·	TKTON		
Signature Kim A. Colvin, Asst.Admin. Analyst						Î.					
Printed Name	пээс.АС	411414	Analy Title	<u> </u>	T-11 -						
4-13-92	713-589	-1/12			ιπιθ						
Date	713-569		sphone N	o.							
			, ==== 0		11						

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.