OIL CONSERVATION DIVISION

P.O. BOX 2088

SANTA FE, NEW MEXICO 87501

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Amoco Production Co.

Address: P.O. Box 1670, Farmington, N.M. 87401

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Operator ☒

Other (Please explain): Pay zone name, pool name, lease name, well number

Previous Operator: Shell Oil Corporation

Lease Name: Service Pump Unit Well No. 128 Pool Name, Including Formation: Cornuta Pump Unit Kind of Lease: State, Federal or Fee

Location: Unit Letter O; 660 Feet From The South Line and 1980 Feet From The East

Section 30 Township 20-S Range 27-E NMPM Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Shell Pipe Line Company Address: Box 1910 Midland, TX 79701

Name of Authorized Transporter of Casinghead Gas: Phillips Petroleum Company Address: 4001 Penbrook, Odessa, TX 79761

If well produces oil or liquids, give location of tanks: Unit C Sec. 30 Twp. 20-S Rge. 27-E Is gas actually connected? Yes When? Unknown

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.)

Length of Test | Tubing Pressure | Casing Pressure | Choke Size

Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | GAS-MCF

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

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.

R. L. Pitts

(Signature)

AREA ENGINEER

(Title)

1-21-85

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 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 only Sections I, II, III, and VI for changes of operator, well name, or transporter, or other such changes of condition.