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State of New Mexico gy, Minerals and Natural Resources Departr.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

perator	1	UIRA	INOP	UNI UIL	VIAD IAV	UNAL GA	Well A	Pl No.			
Amoco Product	ion C	om pa	an J								
dress		•	•		17253						
P.O. BOX 3092 ASSON(8) For Filing (Check proper box)	. Mous	ston	<u>, le</u>	4a5 1	Oth	z (Please expla	in)				
w Well	(Change in	Transp	orter of:		• (• v 	7				
completion	Oil		Dry G								
ange in Operator	Casinghead	Gas 🗌	Conde	asste 🛚							
nange of operator give name address of previous operator	11-1	pe tine	e P	D. Box	1910 1	Tidland	, Texas	-7970	<u> </u>		
DESCRIPTION OF WELL	AND LEA	SE									
ase Name	Well No. Pool Name			Name, includin				Lease ederal on Fee		Lease No.	
Etta Owen B		2	126	HI KUCE	(- 116b	6 07110	, , , ,				
cation Laboratory	. 1988	מ	Ford 1		outh 1:m	and 44	D ==	t From The	West	Line	
Unit Letter	-: <u>-//0</u>					3 410 0			<u> </u>		
Section 34 Township	21-	<u>S</u>	Range	37-	E N	ирм,	Lea			County	
. DESIGNATION OF TRAN	CDADTEI		TT. A?	II NATTII	RAL GAS						
me of Authorized Transporter of Oil		or Conde		(X)	Address (Giv	e address to wh			_	nt)	
hillips Company.	True	ks			P.O. Box 791 Midle						
me of Authorized Transporter of Casing	thead Gas		or Dr	y Gas 🔀	Address (Giv	e address to wi	uch approved	copy of this f	orm is to be se	nt)	
7) 7) G well produces oil or liquids,	Unit	Sec.	Twp.	Rose	Is gas actuali	y connected?	When	a ?			
e location of tanks.	17	34_	21	37	425						
his production is commingled with that	from any other	er lease or	pool, g	ive commingl	ing order num	ber:	PC 471	, L	94c - 4	10	
. COMPLETION DATA		7		G - W. "	N 18/-11	1 Wadana	Danne	Ding Deak	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	' 	Gas Well	New Well	Workover 	Deepca 	riug Back	STILLE YERA	j	
te Spudded	Date Comp	i. Ready u	o Prod.		Total Depth	*		P.B.T.D.	*		
THE DES PE CO	Norma of P					Top Oil/Gas Pay			Tukina Daath		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				~				Tubing Depth			
rforations	1	 			<u> </u>			Depth Casis	g Shoe		
				. <u>.</u> .			_				
*****		TUBING, CASING AND						1	010//0 05/ 45/45		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
TEST DATA AND REQUES L WELL (Test must be after 1)	ST FOR A	LLOW	ABL	E d ail and mud	he emal to a	r erceed ton all	owable for thi	s depth or be	for full 24 hou	rs.)	
IL WELL (Test must be after to the First New Oil Run To Tank	Date of Te		oj 100	u ou and midt	Producing M	ethod (Flow, p	ump, gas lift,	uc.)	, ,		
		July VI 1VA					<u></u>				
ength of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
and Book Dones To-	Oil Phile				Water - Rhi	Water - Bbls.			Gas- MCF		
ctual Prod. During Test	Oli - Bols.	Oil - Bbls.									
GAS WELL				-	<u> </u>						
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
					Casing Pressure (Shut-in)			Choke Size			
g Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pres	mie (2pm-11)		Choke Size	ı		
T 0000 4 000 0000	1			NCE				.1			
I. OPERATOR CERTIFIC						OIL CO	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regu Division have been complied with and									21'92		
is true and complete to the best of my	knowledge z	ad belief.			Date	e Approve	ed	YAW.	₩ Y 27		
Buta Swhite							_				
					∥ By_	an in the same	9014. 11		KTON		
Printed Name 04-27-92	Asst	. Adm	in A	nalyst	ll .	*****					
Printed Name	(7)	2) Ku	Title	L 2G	Title				<u> </u>		
Date 04-27-92	(//:	<u> ファファク</u> Te	elephon	e No.							
					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.