

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-55

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Amoco Production Company

Address
P. O. Box 68, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Request Allowable

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal CK Com	Well No. 1	Pool Name, Including Formation UNDESIGNATED	Kind of Lease State, Federal or Fee	Lease No. Federal NM-14332
Location Unit Letter <u>H</u> ; 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>22-S</u> Range <u>32-E</u> NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>6</u> Twp. <u>22-S</u> Rge. <u>32-E</u>	Is gas actually connected? <u>No</u> When

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest'y. <input type="checkbox"/> Diff. Rest'y. <input type="checkbox"/>		
Date Spudded 7-26-81	Date Compl. Ready to Prod. 1-22-82	Total Depth 15018	P.B.T.D. 14480
Elevations (DF, RKB, RT, GR, etc.) 3650 RDB	Name of Producing Formation Morrow	Top Oil/Gas Pay 14055	Tubing Depth 13319
Perforations 14340-352, 14316-429	2 JS .4 inch	14150-161, 14049-055,	Depth Casing Shoe 11893
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20	16	500	600
14-3/4	10-3/4	4587	3900
9-1/2	7-5/8	11893	700
6-1/2	4-1/2	11365-15018	600

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

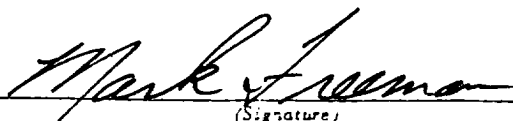
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 750	Length of Test 24 hours	Bbls. Condensate/MMCF 4	Gravity of Condensate
Testing Method (pitot, back pr.) Flowing	Tubing Pressure (Shut-in) 500	Casing Pressure (Shut-in)	Choke Size 18/64

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Assist. Admin. Analyst
(Title)

3-8-82

OIL CONSERVATION COMMISSION

APPROVED MAR 22 1982, 19

BY JERRY SEXTON

TITLE DISTRICT 1 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 out only Sections I, II, III, and VI for changes of owner.

RECEIVED

MAR 10 1982

O.C.D.
HOBBS OFFICE