

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-73
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
Operator: Amoco Production Company
Address: P.O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
☐ New Well
☒ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
Recompletion Blainely, Diked, Tubb, DHC

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Southland Royalty A</u>	Well No. <u>1</u>	Pool Name, including formation <u>Tubb Oil and Gas</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No. _____
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>21-S</u> Range <u>37-E</u> , NMPLM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Texas New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 52332, Houston, Tx 77052</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Warren Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1589, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>9</u> Twp. <u>21-S</u> Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u> When <u>11-9-84</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Harry C. Clark
Asst. Admin. Analyst
1-31-85
 (Signature)
 (Date)

015 NM00D, H 1-JRB 1-FJN 1-GCC
 1-Tex Nm 1-Warren

OIL CONSERVATION DIVISION

FEB - 4 1985

APPROVED _____
 BY ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR
 TITLE _____

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, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas well	New well	Workover	Deepen	Plug back	Same Res.v.	Diff. Res.
		X							
Date Spudded 10-9-84	Date Compl. Ready to Prod. 1-29-85	Total Depth 7665		P.B.T.D. 6890					
Elevations (DF, RKB, RT, CR, etc.) 3488' GR	Name of Producing Formation Tubb Oil and Gas	Top Oil/Gas Pay 6150'		Tubing Depth 6286'					
Perforations 6150'-6395'				Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4"	13 3/8"	237'	248
12"	9 5/8"	3800'	1500
8 3/4"	7"	6684'	600
	4 1/2"	6385-7000'	144

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 11-9-84	Date of Test 1-29-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 2	Gas - MCF 153

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Ghzt-in)	Casing Pressure (Ghzt-in)	Choke Size

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O.C.D.
HOBBS OFFICE