

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR Amoco Production Company		CASHIERED GAS MUST NOT BE PLACED IN RECEPTION TO R-4078 IS OBTAINED.	
Address P.O. Box 68, Hobbs, NM 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Deviation survey attached.	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State E Tract 27	Well No. 2	Pool Name, Including Formation Und. Drinkard	Kind of Lease State, Federal or Fee State	Lease No. B-1553
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>South</u> Line and <u>880</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>18</u>
	Twp. <u>21</u>	Rge. <u>37</u>
Is gas actually connected?		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 checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resv. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded 10-19-79	Date Compl. Ready to Prod. 3-28-80	Total Depth 6900'		P.B.T.D. 6863'					
Elevations (DF, RKB, RT, GR, etc.) 3530.6 GL	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6714'		Tubing Depth 6769'					
Perforations 6714'-6770'				Depth Casing Shoe 6900'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		1230'		300 Lite, 150 Class C				
8 3/4"	7'		6900'		1400 Lite, 350 Thix Set, 450 Class C				

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 all-
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-28-80	Date of Test 3-28-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 18 BBL	Oil-Bbls. 3	Water-Bbls. 15	Gas-MCF TSTM

GAS WELL

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

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

O+4-NMOCD, H 1-Hou 1-Susp 1-LBG

Bob Davis
(Signature)

Administrative Analyst

7-29-80

(Date)

OIL CONSERVATION DIVISION

JUL 30 1980

APPROVED _____, 12

BY Les Clements
Orig. Signed byTITLE Oil & Gas Insp.

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 allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-
er, well name or number, or transporter, or other change of condition.Separate Forms C-104 must be filed for each pool in multiple
completed wells.