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## NYW MERICO OIL CONSERVATION COMMISSION

00011.5A0		UKER LEAKADE TEOT		· · ·
Anoco Production Company	Leas	McQuatters	4 (c)	
Location Unit Lec of Well D 12	i~p 21	pige	loouncy	lea .
Name of Reservoir or Pool	Eype of Frod	Method of Prod	-Frederikanse (*	Choke Size
Hardy Blinebry	0i1	Flowing	Tbg	
Cover Compl Hardy Drinkard	0i1	Pumping	Tbg	
	FLCM TEST	•••••	J <b>W</b> Y	
Both zones shut-in at (hour, date):			В	Ŗ
Well opened at (hour, date): 11:00			Cpper	LCAPE
Indicate by ( X ) the zone producing.				
Pressure at beginning of test				420
Stabilized? (Yes or No)				<u>Yes</u>
Maximum pressure during test				420
Minimum pressure during test				40
Pressure at conclusion of test	• • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	<u>80</u>	40
Pressure change during test (Maximum	minus Minimum)		0	
Was pressure change an increase or a	decrease?		<u>No Change</u>	Decrease
dell closed at (hour, date): 9:00	A.M. 1-23-81 Gas Prod	Productic		
<pre>Dil Production During Test: 0 bbls; Grav.</pre>	; During (	Test10	MOF; GOR	
Remarks No leaks indicated				
· · · · · · · · · · · · · · · · · · ·				
	FLOW TEST I	NO. 2		÷
Well opened at (hour, date): 12:0	0 Noon 1-24-8	1	Upper Completion	Lower Completion
Indicate by ( X ) the zone products				·
Pressure at beginning of test				_400
Stabilized? (Yes or No)				Yes
Maximum pressure during test			<u>80</u>	400
Minimum pressure during test			<u>40</u>	400
Pressure at conclusion of test		••••••	<u>40</u>	400
Pressure change during test (Maximum	minus Minimum)		<u>40</u>	0
has pressure change an increase or a	decrease?		<u>Decrease</u>	<u>No Chang</u>

Oil Production Gas Production During Test: 38 tbls; Grav. -- ; buring Test 10 HOF; GCR 263 Romarks No leaks indicated I hereby cortify that the information herein contained is true and complete to the test of my knowledge. : JQN <u>Amoco Production Co.</u> Gorator 29 Approved as Hardrey  $\mathbb{H}_{2}^{*}$ ~ Orther Signed in Asst. Admin. Analyst By\_ 1!tlo\_ tomy boxs 230 5 Titlo\_ 2-5-81 into

Well closed at (hour, date) 11:00 A.M. 1-25-81

Total time on

24 Hrs.

\_Production\_\_\_



:Ň 1.	GTATE OF NEW MEXICO         ERGY AND MINERALS DEPARTMENT         ••••••••••••••••••••••••••••••••••••	P. O. DO SANTA FE, NEV REQUEST FOL A AUTHORIZATION TO TRANSI	W MEXICO 87501 R ALLOWABLE ND PORT OIL AND NATURAL GAS Other (Please explain) To show connect	Form C-104 Revised 10-1-78	
11.	DESCRIPTION OF WELL AND I Leave Name McQuatters Location Unit Letter D : 660 Line of Section 12 Tow	bell No. Pool Name, Including F 5 Hardy Drinka	and State, Fed	om The West	
11.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off The Permian Corp. Name of Authorized Transporter of Cas Getty Oil Company If well produces off or liquids, give location of tanks.	or Condensate Permian (Eff. 9 / 1 /87) Inghead Gas S or Dry Gas Unit Sec. Twp. Kge. A 11 21 36	Address (Give address to which ap P. O. Box 1183, Hot Address (Give address to which ap P. O. Box 1137 Eur Is gas actually connected?	proved copy of this form is to be sent) uston proved copy of this form is to be sent) nice, NM when 6=11=80	
Υ.	COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, CR, etc., Perforations	Oil Well Gas Well	New Well Workover Deepen Total Depth Top Cil/Gas Pay	Plug Back   Same Hesty, Diff. Resty P.B.T.D. Tubing Dopth Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD		
v.	TEST DATA AND REQUEST FC OIL WELL Date First New Oll Run To Tanks Length of Test Actual Prod. During Test	OR ALLOWABLE (Test must be a) able for this de Date of Test Tubing Pressure Oil-Bbis.	fter recovery of total volume of load ( pth or be for full 24 hours) Producing Kiethod (Flow, pump, gas Casing Pressure Water-Bbls.	oil and must be equal to or exceed top alice. s lift, etc.) Choxe Sixe Gas-MCF	
	GAS WELL Actual Frod. Teat-MCF/D Teating Method (pitor, back pr.)	Longth of Tost Tubing Procowo (Shut-in)	Bbls. Condeneste/A04CF Cosing Pressure (Shut-in)	Gravity of Condensate Choke Size	
I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oli 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 Manua (Signature) Administrative Analyst (Title) 9-10-80 (Date)		OIL CONSERVATION DIVISION APPROVED			

I.	Reason(s) for filing (Check proper box New Well X Recompletion Change in Ownership If change of ownership give name	P. O. BO SANTA FE, NE REQUEST FC AUTHORIZATION TO TRANS OMPANY Obbs, NM 88240 Change in Transporter of: Oil Dry G	ATION DIVISION DX 2068 W MEXICO 87501 DR ALLOWABLE AND SPORT OIL AND NATURAL G Cither (Please explain Request tempo Blinebry and	ッ っつのよく) rary approval to commingle	
11.		Feet From The North Li	ard State,		
11.	Line of Section 12 Hoursmip 21-5 Hours SOLL From the LEff. I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Cit A cr Condensate Address (Give address to which approved copy of this form is to be sen P. 0. Box 1183. Houston, TX Name of Authorized Transporter of Casinghead Gas C cr Dry Gas Address (Give address to which approved copy of this form is to be sen Getty Oil Company It well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When				
	give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	A 11 21 36 th that from any other lease or pool, on - (X) OII Well Gas Well Date Compl. Ready to Prod.	n0 give commingling order number New Well Workover Deep Total Depth		
	Perforations HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	Depth Casing Shoe SACKS CEMENT	
v.	TEST DATA AND REQUEST F( OIL WELL Date First New Oil Run To Tanks Length of Test Actual Fred, During Test		Infer recovery of total volume of le epik or be for full 24 hours) Producing Kiethod (Fiow, pump, Casing Pressure Water-Bbls,	ad oil and musi be equal to or exceed top allow gas lift, etc.) Choke Size Gas-MCF	
	GAS WELL. Actual Frad. Test-MCF/D Testing Method (piror, back pr.)	Length of Test Tubing Presswe (Shut-in)	Bbls. Condensate/ABACF Casing Pressure (bhat-12)	Gravity of Condensate Choce Sixe	
I. 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 bellef.         0+4-NMOCD, H       1-Hau         1-W. Stafford, Hou         (Signature)         Administrative Analyst         (T-lie)         8-20-80		OIL CONSERVATION DIVISION APPROVED <u>AUG 2.2.1980</u> , 19 BY <u>Orig. Signed By</u> BY <u>Jerry Sexton</u> TITLE <u>Dist 1. Supy</u> This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for ellow- eble 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 filled for each pool in multipi- rompleted wells.			

ЕН	BTATE OF NEW MEXICO ERGY AND MINERALS DEPARTMENT	OIL CONSERV.	ATION DIVIS	SION	Form C- Kevised	104 10-1-78
	DIETRIGUITON	P. O. UC SANTA FE, NEI	0 X 2088 W MEXICO 875	01		
	V 8.0.8.					
	LAND OFFICE		R ALLOWABLE			
I.	OAS OPERATOR PROBATION OPPICE	AUTHORIZATION TO TRANS		TURAL GAS		
	Amoco Production C	ompany			<u> </u>	
	P. O. Box 68 H	obbs, NM 88240				
	Reason(s) for hiling (Check proper box	·)	Other (Pl	lease explains 3	DPr15	
	New Well X Recompletion Change in Ownership	Change in Transporter of: OII Dry G Casinghead Gas Conde	•• 🔲 Reque	est temporary ebry and Drin	approval to (	commingle
	If change of ownership give name and address of previous owner		·····	· · · · · · · · · · · · · · · · · · ·		
11	DESCRIPTION OF WELL AND	I FASE				
	Lease Name	Well No. Fool Name, Including F		Kind of Lease State, Federal		Lease No.
	McQuatters	5 Hardy Bline	ebry		Fee	
	Unit Letter D : 6	60 Feel From The North Lin	ne and <u>330</u>	Feel From T	• <u>West</u>	
	Line of Section 12 To	waship 21-5 Range	36-E	мем, Lea		County
		TED OF OIL AND NATURAL C				
.11.	Name of Authorized Transporter of Cil	TER OF OIL AND NATURAL G	Address (Give addre	ess to which approve	ed copy of this form is	to be senij
	The Permian Corport		P. O. Box 1183, Houston, TX Address (Give address to which approved copy of this form is to be sent)			so be sent)
	Getty Oil Company		P. O. Box 11			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually conr Yes	i	6-30-80	
IV	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling o	rder number:		
	Designate Type of Completion	on - (X)	New Well Workey	ver <sup>i</sup> Deepen <sup>i</sup> I I I I	Plug Back   Same Re	s'v. ' Diff. Rea's 1 1
	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	<u> </u>	_1		Depth Casing Shoe	
		TUBING, CASING, AN		1		
	HOLESIZE	CASING & TUBING SIZE	DEPTI	- SET	SACKS CE	MENT
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fer recovery of total	volume of load oil a	nd must be equal to or	exceed top allo
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Kathod (1	iours) Flow, pump, gas lift,	, e(c.)	
	Length of Test	Tubing Pressure	Casing Pressue		Choxe Size	<u></u>
	Actual Prod. During Test	Oll-Bbls.	Water - Bbla.		Gas - MCF	
	L	<u></u>	_l	<u></u>		
	GAS WELL Actual Frod. Tool-MCF/D	Length of Test	Bbls. Condensate/h.	AMC F	Gravity of Condensat	•
	Teeting Method (pitot, back pr.)	Tubing Procews (Shut-in)	Cosing Pressure (5	hut-in)	Choke Size	
		<u> </u>				
	ERTIFICATE OF COMPLIANCE		APPROVED	AUG 2.2		, 19
I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Detry Sector				
0+4-NMOCD, H 1-Hou 1-Susp 1-LBG 1-W. Stafford, Hou			TITLE Dies 1. Supv. This form is to be filed in compliance with RULE 1104.			
	Administra	tive_Analyst	tests taken on the well in accordance with NOLE THE All mections of this form must be filled out completely for silve able on new and recompleted walls. Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of conditio-			
	(14	8-20-80				
			well name or nur	mber, or transporte orma. C-104. must	n or other such char he filed for sech (	ge er externe