STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

		T	
DISTRIBUTION			1
SANTA PE		1	
FILE		†	
U.B.G.4.		†	1
LAND OFFICE		1	+
TRAUSPORTER	OIL	 	
	GAS	1	1
OPERATON		T	
PROMATION OFFICE		1	1

6-5-84

1-F. J. Nash, Hou 1-GCC

(Daie)

0+5 NMOCD, H 1-J.R. Barnett, Hou

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

	AND SPORT OIL AND NATURAL GAS
1.	
Creator	
Amoco Production Company	
P. O. Box 68, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Otner (Please explain)
Change in Transporter of:	to
	to show change in operator and lease
X Change in Ownership Casinghead Gas	name-well number. (fomerly South Pen-
If change of ownership give name and address of previous owner	rose Skelly Unit #128,operated by Gulf
IL DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including F	Formation Kind of Lease No.
J. W. Grizzell, /Upper/ 3 Penrose Skel	
Location	
Unit Lotter L : 1980 Feet From The South Li	ne and 660 Feet From The West
Lire of Section 5 Township 22-S Range 3	37-E, NMPM, Lea County
III DECICALITICAL	
MI. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS
	Andress (Give address to which approved copy of this form is to be sent)
None Name of Authorized Transporter of Casinghead Gas or Dry Gas	
	Address (Give address to which approved copy of this form is to be sent)
None	
If well produces oil or licuids, Unit Sec. Twp. Rige.	Is gas actually connected? When
Give location of tanks.	l No
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.	
The complete the street on reverse state if necessary,	II .
VI. CERTIFICATE OF COMPHANCE	OIL CONSERVATION DIVISION
	11 IN 7 100A
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	APPROVED JUN 7 1984 19
my knowledge and belief.	Fold: No. 6
	Eddie W. Seay
	TITLE Oil & Gas Inspector
M. 1 11/	II .
Han C. Clark	This form is to be filed in compliance with RULE 1104.
(Signature)	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
Assist. Admin. Analyst	toute taken on the well in accordance with RULE 111.
(T)('-)	All sections of this form must be dilled out completely a

able 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 Completi	on - (X) Oil Well Gas Well	New Well Workover D	eepen Plug Back Same Res'v. Diff. Res'v.	
Date Spedded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elovations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
Periorations			Depth Casing Shoe	
	TUBING, CASIRG, AN	D CEMENTING RECORD		
HOUE SIZE	CASING & TUBING SIZE	DEPTH SET	SAC (S CEMENT	
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a	feer recovery of total volume of enth or be for full 24 hours)	load all and must be equal to or exceed top allow-	
Date First New Oil Run To Tanhs	Date of Test	Producing Mathod (Flow, pump, gas lift, etc.)		
Length of Tost	Tubing Processe	Casing Prossure	Chore Size	
Actual Prod. During Test	OII-Ebis.	Water-Bbls.	Gas - MCF	
GAS WELL	<u> </u>	1		
Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Consensate	
Teeling Method (pitot, back pr.)	Tubing Pressure (Ghut-in)	Casing Pressure (Ebut-in)	Choke Size	

JUN 6 1984

HOBBS OFFICE