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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company		Well API No. 30-025-26457
Address P.O. Box 3092, Houston, TX 77253 (Rm. 16.110)		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grizzell /B/	Well No. 3	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter H : 510 Feet From The East Line and 1830 Feet From The North Line Section 8 Township 22-S Range 37-E, NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent) 831 Sunrise Circle, Hobbs, NM 88240					
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) Box 1137, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 8	Twp. 22	Rge. 37	Is gas actually connected? yes	When? 11-15-91

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 11-15-91	Total Depth 7500'	P.B.T.D. 7065'					
Elevations (DF, RKB, RT, GR, etc.) 3427' RDB	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6423'	Tubing Depth 6327'					
Perforations 6423-29'; 6434-37', 6455-62'; 6465-70'; 6475-78'; 6482-86'; 6492-96'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
CASING RECORD HAS NOT CHANGED								
		2 7/8" tbg	6327'					

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 Tank 11-15-91	Date of Test 12-10-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 25 lbs	Casing Pressure 25lbs	Choke Size
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 3	Gas- MCF 44

GAS WELL

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

VI. OPERATOR 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.

Signature Kimberly A. Colvin
Printed Name Kimberly A. Colvin Title Asst. Admin. Analyst
Date 4-16-92 Telephone No. 713/596-7686

OIL CONSERVATION DIVISION

Date Approved APR 20 '92
By [Signature]
Title [Signature]

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
APR 20 1992
JCD HOBBS OFFICE