

OIL CONSERVATION DIVISION  
P. O. BOX 7088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF PERMITS RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR  
Operator  
Amoco Production Company  
Address  
P. O. Box 68 - Hobbs, NM 88240  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well  Change in Transporter of: To correct perforations  
Recompletion  Oil  Dry Gas   
Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State HL</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat Wolfcamp</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>3680</u>
Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>23-S</u> Range <u>33-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"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, TX</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Llano, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1320, Hobbs, NM</u>
If well produces oil or liquids, give location of tanks. <u>L</u>	Unit <u>L</u> Sec. <u>2</u> Twp. <u>23</u> Rge. <u>33</u> Is gas actually connected? <u>No</u> 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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>10-18-79</u>	Date Compl. Ready to Prod. <u>5-19-80</u>	Total Depth <u>15640'</u>	P.B.T.D. <u>14665'</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>3595.5</u>	Name of Producing Formation <u>Wolfcamp</u>	Top Oil/Gas Pay <u>13162'</u>	Tubing Depth					
Perforations <u>13111' - 13224'</u>	Depth Casing Shoe <u>15640'</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>20"</u>	<u>16"</u>	<u>898'</u>	<u>1050 SX Class H</u>
<u>14-3/4"</u>	<u>10-3/4"</u>	<u>4964'</u>	<u>2800 Lite; 200 Class C</u>
<u>9-1/2"</u>	<u>7-5/8"</u>	<u>12200'</u>	<u>1550 Lite; 810 Class H</u>
<u>6-1/2"</u>	<u>4-1/2"</u>	<u>11777'-15640'</u>	<u>750 SX Class H</u>

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 <u>5-14-80</u>	Date of Test <u>5-19-80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>700#</u>	Casing Pressure	Choke Size <u>24/64</u>
Actual Prod. During Test <u>220</u>	Oil - Bbls. <u>220</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>2830</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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.  
0+4-NMOCD, H 1-Hou 1-Susp 1-BD  
1-G. Ethridge  
Bob Davis  
(Signature)  
Admin. Analyst  
5-22-80  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JUN 18 1980, 19\_\_\_\_  
BY Jerry Sexton  
Dist. L. Supv.  
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 deviate 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 conditions.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.