

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U. S. O. I.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

Amoco Production Company

Address
P. O. Box 68 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7-14-80
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State HL	Well No. 1	Pool Name, Including Formation Wildcat Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. 3680
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> , NMPLM, <u>Lea</u> County				

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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320 Hobbs, NM					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>2</u>	Twp. <u>23</u>	Rge. <u>33</u>	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

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 Rest's <input type="checkbox"/>	Diff. Rest's <input type="checkbox"/>
Date Spudded 10-18-79	Date Compl. Ready to Prod. 5-19-80		Total Depth 15640'		P.B.T.D. 14665'			
Elevations (DF, RKB, RT, GR, etc.) 3595.5	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 13162'		Tubing Depth			
Perforations 13162'-13207'	See Correction				Depth Casing Shoe 15640'			

TUBING, CASING, AND CEMENTING RECORD

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

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

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

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. EthridgeBob Davis
(Signature)Admin. Analyst
(Title)5-22-80
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 22 1980, 19BY John W. Ringer
Geologist

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 deviation 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 condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.