

## 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.C.	
LAND OFFICE	
TRANSPORTER	OIL
	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 ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

Deviation survey attached. Request permission to commingle production in Grizzell B Battery *pending order*

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

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Grizzell B	4	<del>Unit</del> Drinkard	State, Federal or Fee Fee	
Location				
Unit Letter	G	1838 Feet From The North Line and 1750 Feet From The East		
Line of Section	8	Township 22-S	Range 37-E	NMPM, Lea County

## 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)	
The Permian Corp.	Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Getty Oil Co.	Box 1231, Midland, TX 79702	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	8
	22-S	37-E
	Yes	6-20-80

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
X			X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3-8-80	6-20-80		7500		7459			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3418.7 GL	Drinkard		6423'		6686'			
Perforations					Depth Casing Shoes			
6423'-6686'					7500'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	1163'	500 Econlite, 200 Class C
12-1/4"	9-5/8"	3910'	1900 HLC, 300 Class C
8-3/4"	7"	7500'	300 Lite, 300 Class H

## 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-15-80	6-20-80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
34	7	27	164

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

O+4-NMOCD, H 1-Hon 1-Susp 1-LBG

*Bob Davis*

(Signature)

Admin. Analyst

(Title)

7-11-80

(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

*James S. Seltzer*  
SUPERVISOR, DISTRICT

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