

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Amoco Production Company

Address  
P. O. Box 68, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	To record connection to oil and gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	transporters
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State ME Com	Well No. 1-Y	Pool Name, including Formation Antelope Ridge Morrow	Kind of Lease State, Federal or Fee	State	Lease No. LG-1025
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2030</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>23-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P. O. Box 1183, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	4001 Penbrook, Odessa, Texas 79761
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>N</u> Sec. <u>11</u> Twp. <u>23-S</u> Rge. <u>34-E</u>	Yes 3-14-84

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.

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 is true and complete to the best of my knowledge and belief.

*Bonita Cobb*

(Signature)

Administrative Analyst

(Title)

7-3-84

0+5-NMOCD, H 1-J. R. Barnett, HOU Rm. 21.156  
1-F. J. Nash, HOU Rm 4.206  
1-Permian 1- Phillips

OIL CONSERVATION DIVISION

APPROVED JUL 10 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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 multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X						
Date Spudded 11-15-81	Date Compl. Ready to Prod. 8-6-82	Total Depth 13600			P.B.T.D. 13308				
Elevations (DF, RKB, RT, GR, etc.) 3363.9 GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 13214			Tubing Depth 13100				
Perforations 13,214-13,250							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
26"	20"		1787'		4850 sx Class C				
17-1/2"	16"		2460'		750 sx Lite, 200 Sx Cl C				
14-3/4"	13-3/8"		1695, 5100		1690 sx Lite, 250 Sx Cl C				
12-1/4"	9-5/8"		11,790		3600 sx lite, 250 sx Cl H				

#### V. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D 1380	Length of Test 20 hrs.	Bbls. Condensate/MMCF 2	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 400	Casing Pressure (Shut-in)	Choke Size 24/64"

RECEIVED

JUL 9 - 1984

CCP  
HOODS OFFICE