

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

Form C-104
Revised 10-1-78

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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 30 1981
RECEIVED

Amoco Production Company

Address
P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Perro Grande Unit	Well No. 1	Pool Name, including Formation Wildcat Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM 1364
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>26-S</u> Range <u>35-E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, TX
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>J</u> Sec. <u>6</u> Twp. <u>26-S</u> Rge. <u>35-E</u>	No

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 3-27-81	Date Compl. Ready to Prod. 9-12-81	Total Depth 16560	P.B.T.D. 16543					
Elevations (DF, RKB, RT, GR, etc.) 3279.6 GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 15765	Tubing Depth					
Perforations 15819-15765	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20	1017	1320 SX Lt, 450 SX CL
17-1/2"	13-3/8	5392	5230 SX Lt, 700 SX CL
12-1/4"	9-5/8	12850	900 SX Lt, 300 SX CL
			2825 SX Lt, 200 SX CL

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.)	
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 1600	Length of Test 24 hr.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 22/64

CERTIFICATE OF COMPLIANCE 0+4-USGS, R
1-Hou 1-Susp 1-W. Stafford, Hou 1-MDR

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.

Mark Randolph

(Signature)

Assist. Admin. Analyst

(Title)

12-29-81

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 23 1982

BY JERRY G.

TITLE DISTRICT

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper 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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

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