

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator <i>Amecor Production Company</i>	Well API No. <i>30-025-11110</i>
Address <i>P.O. Box 3092, Houston, Tx 77253-3092 (Rm 17.182)</i>	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☐	Change in Transporter of: ☒ Effective 12-1-92 change in oil transporter
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>South Mattix Unit Federal</i>	Well No. <i>14</i>	Pool Name, including Formation <i>Farther-Tubb-Gas</i>	Kind of Lease State, ☒ Federal or Fee	Lease No. <i>LC-032450 (A)</i>
Location				
Unit Letter <i>K</i>	<i>1980</i>	Feet From The <i>South</i> Line and <i>1980</i>	Feet From The <i>West</i> Line	
Section <i>15</i>	Township <i>24S</i>	Range <i>37E</i>	NMFM, <i>Lee, NM</i>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <i>Shell Pipeline Corp.</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 2648 Houston, Tx 77252</i>	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <i>El Paso Natural Gas</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 1492, El Paso, Tx</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>K</i>	Sec. <i>15</i>
	Twp. <i>24</i>	Rgn. <i>37</i>
	In gas actually connected?	When?
	<i>Yes</i>	<i>11-8-84</i>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	DIT Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed tap allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (press. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Devinia M. Prince
Signature
Devinia M. Prince Staff Assistant
Printed Name Title
1-7-93 (713) 596-7686
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 12 1993

Date Approved _____

By _____ Orig. Signed by

Paul Kautz
Geologist

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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JAN 11 1993
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