

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.U.S.	
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)      Other (Please explain)

New Well       Change in Transporter of:           

Recompletion       Oil       Dry Gas       **Deviation Survey Attached**

Change in Ownership       Casinghead Gas       Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name <b>South Mattix Unit Fed.</b>	Well No. <b>38Y</b>	Pool Name, Including Formation <b>Fowler Upper Yeso</b>	Kind of Lease State, Federal or Fee <b>Federal NM -</b>	Lease No. <b>0321613</b>
Location Unit Letter <b>A</b> ; <b>750</b> Feet From The <b>North</b> Line and <b>700</b> Feet From The <b>East</b>				
Line of Section <b>15</b> Township <b>24-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1910, Midland, TX</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1492, El Paso, TX</b>
If well produces oil or liquids, give location of tanks. Unit <b>J</b> Sec. <b>15</b> Twp. <b>24</b> Rge. <b>37</b>	Is gas actually connected?      When <b>Yes</b> <b>5-9-80</b>

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 checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>2-2-80</b>	Date Compl. Ready to Prod. <b>5-9-80</b>		Total Depth <b>6400'</b>		P.B.T.D. <b>6115'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3246.3 GL</b>	Name of Producing Formation <b>Upper Yeso</b>		Top Oil/Gas Pay <b>5068'</b>		Tubing Depth <b>5399'</b>			
Perforations <b>5068'-5362'</b>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/4"</b>	<b>9-5/8"</b>	<b>1068'</b>	<b>550 SX Class C</b>
<b>8-3/4"</b>	<b>7"</b>	<b>6400'</b>	<b>1850 SX Class C</b>

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 <b>5-6-80</b>	Date of Test <b>5-9-80</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>335</b>	Oil-Bbls. <b>31</b>	Water-Bbls. <b>304</b>	Gas-MCF <b>57</b>

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. Ethridge      1-Arco      1-Conoco

**Bob Davis**  
(Signature)  
Admin. Analyst  
(Title)  
**6-25-80**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUN 30 1980**, 19\_\_\_\_

BY **John W. Ramsey**  
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 multiply completed wells.