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P. O. BOX 2088
SANTA FE, NEW MEXICO 8750

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NATURAL GAS AREA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Ammex Petroleum, Inc. ✓

Address Box 10507 Midland, TX 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE L A I E D A F T E R <u>7-10-84</u> UNLESS AN EXCEPTION FROM THE B.L.M. IS OBTAINED
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE R-1728 10-25-84

Lease Name <u>Big Eddy Unit</u>	Well No. <u>100</u>	Pool Name, including Formation <u>Undesignated-Bone Spring</u>	Kind of Lease <u>Federal</u>	Lease No. <u>LC060572</u>
Location <u>11W FENTON-DEL.</u>				
Unit Letter <u>L</u>	<u>2291</u> Feet From The <u>South</u> Line and <u>483</u> Feet From The <u>West</u>			
Line of Section <u>8</u>	T. wnship <u>21S</u>	Range <u>28E</u>	<u>NMPM</u>	<u>Eddy</u> County

III. 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)
<u>UPG, Inc.</u>	<u>P.O. Box 3339 Abilene, TX 76904</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>none</u>	

If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>8</u>	Twp. <u>21S</u>	Rge. <u>28E</u>	Is gas actually connected? <u>no</u>	When
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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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>4/3/84</u>	Date Compl. Ready to Prod. <u>5/1/84</u>	Total Depth <u>9200</u>		P.B.T.D. <u>3830</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3178.0 GR</u>	Name of Producing Formation <u>Delaware</u>	Top Oil/Gas Pay <u>3197</u>		Tubing Depth <u>3072</u>				
Perforations <u>2197 - 3210</u>	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 54.5#	347'	400 sx "C" + 2% CaCl
11"	8 5/8" 24, 28, 32#	2579'	1500 sx light, 150 sx "
7 7/8"	5 1/2" 17, 15.5, 14#	3712'	250 sx 50/50 + 100 sx "
2 3/8"		3072'	

V. 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 <u>5/1/84</u>	Date of Test <u>5/1/84</u>	Producing Method (flow, pump, gas lift, etc.) <u>flow & swab</u>	
Length of Test <u>24 hr (calculated)</u>	Tubing Pressure <u>10</u>	Casing Pressure <u>pkr</u>	Choke Size <u>open</u>
Actual Prod. During Test <u>132</u>	Oil-Bbls. <u>45.6</u>	Water-Bbls. <u>86.4</u>	Gas-MCF <u>48</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

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

Julie J. J. J.
(Signature)
Operations Clerk
(Title)
5/3/84
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 1 0 1984, 19____
BY Mike Williams
TITLE OIL AND GAS INSPECTOR

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 deviated 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 multi-completed wells.