NO. OF COPIES REC	14		
DISTRIBUTION			
SANTA FE		1	
FILE		1	V
U.S.G.S. LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator	ПСТ	100	

NEW MEXICO OIL CONSERVATION COL ... SSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-

	FILE / V	7	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	. GAS	
	LAND OFFICE				
	TRANSPORTER OIL		RECE	IVED	
	GAS	<u> </u>	REUL	1 4 = -	
	OPERATOR /	-			
l.	PRORATION OFFICE Operator		JAN I	4 19//	
	AMOCO PRODUCTIO	N COMPANY			
	Address		0.0	;, C,	
	P.O. DRAWER A, LEVELLAND, TEX	15 79335	ARTESIA	DIFICE	
	Reason(s) for filing (Check proper box	:)	Other (Please explain)		
	New Well	Change in Transporter of:	CASINGHEAD O	AS RUSH NOW DO	
	Recompletion	Oti Dry Ga	S FLARED APPEA	AS MUST NOT BE	
	Change in Ownership	Casinghead Gas Conder		CELTION TO Restera of	
	If change of ownership give name		IS OUTAINED	Ecc. 306	
	and address of previous owner				
11	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	We.l No. Pool Name, Including F	ormation Kind of Le	ase · Lease No	
	OLD INDIAN DRAW UNIT	14 INDIAN DRAW	DELAWARE State, Fede	eral or Fee FEE	
	Location				
	West Letter / N ; 3	30 Feet From The South Lin	e and 1650 Feet Fro	m The WEST	
	Line of Section 7 To	wnship 22-5 Range	28-E , NMPM,	EDDY Count	
		TOD OF OUR AND NATURAL CA			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which app	proved copy of this form is to be sent)	
			P.O. BOX 3119 MIDLAN		
	THE PERMIAN CORPORA	singhead Gas or Dry Gas ;	Address (Give address to which app	proved copy of this form is to be sent)	
		- Canada - C			
	ti a la l	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	If well produces oil or liquids, give location of tanks.	J 18 22 28	No		
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA			10 0 1 10 10 10 10 10 10 10 10 10 10 10	
	Designate Type of Completi	on $-(X)$ Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest	
		Date Comp!, Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	7- 7- 77	3435 '	3430'	
	12-17-76 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3107.2 RDB	DELAWARE	3252'	3286	
	Perforations			Depth Casing Shoe	
	3252'-68' 327	2'-81'			
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 /4"	8 5/8 "	400'	275 sx.	
	7 7/2 "	5 1/2 "	3430'	700 sx	
					
_		COD ALL OWARD F. CT.	<u> </u>	oil and must be equal to or exceed top alica	
V.	TEST DATA AND REQUEST FOIL WELL		ster recovery of total volume of load tepth or be for full 24 hours)	on and must be equal to or exceed top diloc	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	1-5-77	1-7-77	Pumping	A 55 (1 / 2)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 HRS.				
	Actual Prod. During Test	Oil-Sbis.	Water-Bbls.	Gas-MCF	
	122	100	22	TSTM 1	
	CAS WEST		ì		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Plad. 1881-MC17B	Zangur or Tool			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	iCE	OIL CONSER'	VATION COMMISSION	
• • •			JAN 1:4 1977		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY Will Tresset		
					_
 !	4 - NMUCC- ART		TITLE STIPERVISOR, DI	JIMUI, M	
	+ Div.	0	This form is to be filed in	in compliance with RULE 1104.	
	1-Susp. Ray	W. Cox	te this is a request for allowable for a newly drilled or deepens		
	7- RC Administrative Assistant		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 allowed.		
		itle)	able on new and recompleted	wells.	
		1-10.77	11	II III and UI for changes of owner	

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

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