

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

DEVIATION SURVEYS ATTACHED
RECEIVED

DISTRIBUTION	
SANTA FE	/
EL PASO	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	

Operator **AMOCO PRODUCTION COMPANY** MAR 24 1977

Address **P.O. DRAWER A, LEVELLAND, TEXAS 79336** **O.C.C.**

Reason(s) for filing (Check proper box)	ARTESIAN OFFICE	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of Oil <input type="checkbox"/>	
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

Lease Name OLD INDIAN DRAW UNIT	Well No. 16	Pool Name, Including Formation INDIAN DRAW DELAWARE	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-0429925
Location Unit Letter LM ; 330 Feet From The SOUTH Line and 794 Feet From The WEST				
Line of Section 7 Township 22-S Range 28-E , N.M.P.M., EDDY 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)
THE PERMIAN CORPORATION	P.O. Box 1183, HOUSTON, TEXAS
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)
If well produces oil or liquids, give location of tanks.	Unit J Sec. 18 Twp. 22 Rge. 28 Is gas actually connected? No When _____

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 1-18-77	Date Compl. Ready to Prod. 3-17-77	Total Depth 3450'	P.B.T.D. 3409'					
Elevations (DF, RKB, RT, GR, etc.) 3109 RDB	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 3224'	Tubing Depth 3248'					
Perforations 3224'-3234'						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 3/8"	413'	300 SK CLASS C					
7 7/8"	5 1/2"	3450'	700 SK ECONOLITE					

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 2-2-77	Date of Test 3-17-77	Producing Method (Flow, pump, gas lift, etc.) PUMPING		
Length of Test 24 HRS.	Tubing Pressure -	Casing Pressure -	Choke Size 2 1/2"	
Actual Prod. During Test 26	Oil-Bbls. 21	Water-Bbls. 5	Gas-MCF TSTM	

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

VI. CERTIFICATE OF COMPLIANCE

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.

4-NMOC-ART
- DIV.
SUSP.
"e"
"ca"
"HON"

Ray W. Cox
(Signature)
Administrative Assistant
(Title)
3-23-77
(Date)

OIL CONSERVATION COMMISSION
MAR 25 1977

APPROVED _____, 19____
BY W. A. Gessett
SUPERVISOR, DISTRICT II

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.

INCLINATION REPORT

OPERATOR Amoco Production Co. ADDRESS P.O. Drawer A, Levelland, Texas 79336
 LEASE Old Indian Draw WELL NO. 16 FIELD _____
 LOCATION Section 7, T-22S, R-28E, Eddy County, New Mexico

Depth	Angle Inclination (degrees)	Displacement	Displacement Accumulated
412	3/4	5.3972	5.3972
752	1 1/4	7.4120	12.8092
815	1 1/2	1.6500	14.4598
938	1 1/2	3.2226	17.6824
1026	1 3/4	2.6840	20.3664
1116	1 3/4	2.7450	23.1114
1207	2	3.1759	26.2873
1356	2 1/2	6.4964	32.7837
1379	2 3/4	1.1040	33.8877
1449	2 3/4	3.3600	37.2477
1540	3	4.7593	42.0070
1630	3 1/4	5.1030	47.1100
1720	3	4.7070	51.8170
1811	2 3/4	4.3680	56.1850
1903	2 3/4	4.4160	60.6010
1990	2 3/4	4.1760	64.7770
2080	2 1/2	3.9240	68.7010
2174	2 3/4	4.5120	73.2130
2323	2	5.2001	78.4131
2506	1 3/4	5.5815	83.9946
2690	1 1/2	4.8208	88.8154
3057	1 1/4	8.0006	96.8160
3450	1 1/4	8.5674	105.3834

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Company

Doug Cloud
 Title: Doug Cloud, Admn. Asst.

Affidavit:

Before me, the undersigned authority, appeared Doug Cloud known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Doug Cloud
 (Affiant's Signature)

Sworn and subscribed to in my presence on this the 2nd day of February 19 77.

MY COMMISSION EXPIRES MARCH 1, 1980

Jerry L. Maguire
 Notary Public in and for the State of Texas