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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 1-1-85

Operator Western Oil Producers, Inc.	
Address P.O. Box 1498, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change In Transporter of:
Recompletion <input checked="" 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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Amoco State	Well No. 1	Pool Name, Including Formation Maljamar Morrow	Kind of Lease State, Federal or Fee State	Lease No. K-6666
Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West				
Line of Section 28 Township 16S Range 33E, NMPM, Lea County				

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)					
Amoco Production Truck	P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Continental Oil Company	P.O. Box 2197, Houston, Texas 77001					
Natural Gas Pipeline Co. of America	P.O. Box 236, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 28	Twp. 16S	Rge. 33E	Is gas actually connected? yes	When March 1977

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						X
Date Spudded 10/31/76	Date Compl. Ready to Prod. 11/8/80	Total Depth 13,635	P.B.T.D. 13,595					
Elevations (DF, RKB, RT, GR, etc.) 4218 D.F.	Name of Producing Formation Morrow	Top Oil/Gas Pay 13,480 - 13,490	Tubing Depth 13,364					
Perforations 13,480' - 13,490'	10 - .22 holes	Depth Casing Shoe 13,635						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	904'	400 sx circ.
11"	8 5/8"	4440'	250 sx
7 7/8"	5 1/2"	13,635'	650 sx
5 1/2"	2 3/8"	12,930	

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	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 500	Length of Test 24 hrs.	Bbls. Condensate/MMCF 15	Gravity of Condensate 45°
Testing Method (pitot, back pr.) back pr.	Tubing Pressure (Shut-in) 5300	Casing Pressure (Shut-in) 100	Choke Size 8/64

1. CERTIFICATE OF COMPLIANCE

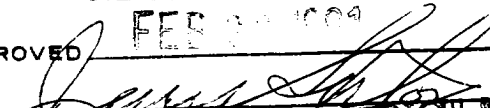
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Arnold Newkirk Supt.
(Title)

November 17, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19____
BY _____
TITLE SUPERVISOR DISTRICT I

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.

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