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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

Operator
 Jake L. Hamon

Address
 611 Petroleum Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Filed to indicate split stream. Gas to be sold to both Warren Petroleum and Phillips Petroleum.
Change in Ownership	<input type="checkbox"/>	Dry Gas	<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 Amerada Federal	Well No. 2	Pool Name, Including Formation North Osudo Morrow	Kind of Lease State, Federal or Fee Federal	Fee and Federal	Lease No.
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>					
Line of Section <u>17</u> Township <u>20-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
The Permian Corporation	Box 3119, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum Company Warren Petroleum Corporation	4001 Penbrook, Odessa, Texas 79762 Box 67, Monument, New Mexico 88265				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 17	Twp. 20-S	Rge. 36-E	Is gas actually connected? When No Approximately 4-16-80

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 hole	Diff. Rest'v.
		X	X					
Date Spudded 1-29-80	Date Compl. Ready to Prod. 4-4-80	Total Depth 11,133'	P.B.T.D. ---					
Elevations (DF, RKB, RT, GR, etc.) 3612' GR, 3636' KB	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,123'	Tubing Depth ---					
Perforations Open hole from 11,120' to 11,133'							Depth Casing Shoe 11,120'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	12-3/4"	355'	350
11"	8-5/8"	5,625'	2,200
7-7/8"	4-1/2" Drill Pipe	11,120'	1,000

Note: No tubing

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 Note: 4 Point Back Press test to be taken when well goes on line.

Actual Prod. Test - MCF/D 27,000	Length of Test 2 hrs	Bbls. Condensate/MMCF Esti. 25	Gravity of Condensate 51.6
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 4414	Casing Pressure (Shut-in) 0	Choke Size 40/64

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.

Cecil H. Baxter
 (Signature)
 Petroleum Engineer
 (Title)
 April 10, 1980
 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 10 1980, 19____
 BY [Signature]
 TITLE **SUPERVISOR DISTRICT V**

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.