

STATE OF TEXAS
 TITLE
 U.S.S.
 LAND OFFICE
 TRANSPORTER OIL GAS
 OPERATOR
 PRODUCTION OFFICE

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Superseded OIL C-101 and C-102
 Effective 1-1-65

RECEIVED

FEB 6 '80

Operator
Amoco Production Company

Address
P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of Oil
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain) **OIL CONSERVATION DIV.**
 Dual Completion
CASINGHEAD GAS MUST NOT BE
PRODUCED UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name South Mattix Unit Fed.	Well No. 36	Pool Name, including Formation Fowler Drinkard	Kind of Lease State, Federal or Free	Lease No.
Location Unit Letter B ; 990 Feet From The North Line and 2310 Feet From The East Line of Section 22 Township 24-S Range 37-E , NMPLA , 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"/> The Permian Corporation SCURLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX
If well produces oil or liquids, give location of tanks. Unit J Sec. 15 Twp. 24 Rge. 37	Is gas actually connected? No When

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 <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"/>	Stim. Res'n. <input type="checkbox"/>	PHL. Res'n. <input type="checkbox"/>
Date Spudded 8-14-79	Date Compl. Ready to Prod. 12-26-79	Total Depth 6400'	P.A.T.D. 6353'					
Elevations (DF, RKB, RT, GR, etc.) 3253.1 GR	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6260'	Tubing Depth 6263'					
Perforations 6260' - 6328'			Depth Casing Shoe 6390'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	1060'	550 sx Class C
8-3/4"	7"	6390'	1400 sx Class C

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 10-15-79	Date of Test 12-26-79	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 74	Oil - Bbls. 8	Water - Bbls. 66	Gas - MCF 5

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (lb/ft ² -in)	Casing Pressure (lb/ft ² -in)	Choke Size

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.
 0+4 NMOCD-H, 1-Hou, 1-Susp, 1-BD, 1-Arco,
 1-Tenneco, 1-Chevron, 1-Conoco, 1-G. Ethridge
Bob Lewis
 (Signature)

Assistant Administrative Analyst

1-23-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]* FEB 11 1980, 19
 BY *[Signature]*
 TITLE **SUPERVISOR DISTRICT**

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 completion of the complete test taken on the well in accordance with RULE 110.
 All portions of this form must be filled out completely for allowable to be considered for approval.
 Fill out only I, II, III, and VI for change of ownership name or number, or transporter, or other such change of conditions.