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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**  
**DEVIATION SURVEYS ON BACK**

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

Operator  
**Amoco Production Company**

Address  
**P. O. Drawer "A", Levelland, Texas 79336**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

**Request for an allowable**

If change of ownership give name and address of previous owner \_\_\_\_\_

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>State "E" Tr. 18</b>	Well No. <b>15</b>	Pool Name, including Formation <b>Lovington Abo (Abo)</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-1553</b>
Location				
Unit Letter <b>C</b> ; <b>330</b> Feet From The <b>North</b> Line and <b>2310</b> Feet From The <b>West</b>				
Line of Section <b>1</b> Township <b>17-S</b> Range <b>36-E</b> , NMPM, <b>Lea</b> County				

**II. 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)
<b>Texas - New Mexico Pipeline</b>	<b>P. O. Box 1510 Midland, TX 79701</b>
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 Sec. Twp. Rge. Is gas actually connected? When
	<b>E 1 17 36 No -----</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**III. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
	<b>X</b>						<b>X</b>	
Date Spudded <b>OC</b> <b>4-10-76</b>	Date Compl. Ready to Prod. <b>11-30-76</b>	Total Depth <b>8523'</b>	P.B.T.D. <b>8470'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3843' DF</b>	Name of Producing Formation <b>Abo</b>	Top Oil/Gas Pay <b>8236'</b>	Tubing Depth <b>8248'</b>					
Perforations <b>8236' - 8248'</b>	Depth Casing Shoe <b>----</b>							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>8-3/4"</b>	<b>7"</b>	<b>8523</b>	<b>1200</b>

**IV. 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 <b>11-22-76</b>	Date of Test <b>11-30-76</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PMP</b>	
Length of Test <b>24 HRS.</b>	Tubing Pressure <b>----</b>	Casing Pressure <b>----</b>	Choke Size <b>----</b>
Actual Prod. During Test <b>199</b>	Oil - Bbls. <b>178</b>	Water - Bbls. <b>21</b>	Gas - MCF <b>TSTM</b>

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**V. 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 - NMOCC, Hobbs  
 1 - A.R. Reed  
 1 - JEL  
 1 - JMG  
 1 - Suspense  
 1 - RC

*Ray W. Cox*  
 (Signature)  
**Administrative Assistant**  
 (Title)  
**12/2/76**  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY *Jerry [Signature]*

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

DEVIATION SURVEYS

<u>DEPTH (FEET)</u>	<u>ANGLE OF INCLINATION (DEGREES)</u>	<u>DIRECTION</u>
4471	1	S-03-W
4502	3	S-28-E
4530	4-1/4	S-23-E
4575	5-1/4	S-18-E
4648	5	S-18-E
4740	5	S-17-E
4833	4-3/4	S-19-E
4926	4-3/4	S-19-E
5017	4-3/4	S-16-E
5111	4-3/4	S-16-E
5234	4-1/2	S-20-E
5360	4-1/4	S-20-E
5485	4-1/4	S-21-E
5680	4	S-21-E
5798	3-3/4	S-19-E
5924	3-1/2	S-22-E
6015	3-3/4	S-19-E
6109	4-3/4	S-17-E
6171	5-3/4	S-22-E
6294	6-1/4	S-22-E
6420	5-3/4	S-23-E
6544	5-1/2	S-19-E
6668	5-1/2	S-20-E
6793	5-1/4	S-20-E
6918	5	S-20-E
7043	4-3/4	S-21-E
7166	4-3/4	S-22-E
7380	4-3/4	S-39-W
7630	4-1/2	S-44-W
7753	4-1/4	S-45-W
7888	3-3/4	S-47-W
8003	3-1/2	S-50-W
8126	3	S-49-W
8251	3	S-57-W
8375	3	S-54-W
8523	3	S-49-W

The above is true and correct to the best of my knowledge.

Ray W. Cox  
Administrative Assistant  
Amoco Production Company

Sworn and subscribed to this date, December 1, 1976.

Lynn Abbott  
Notary Public in and for  
Hockley County, Texas

RECEIVED

DEC 1 1976

COUNTY CLERK