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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

Form C-104
 Supersedes Old C-104 and C-11
 Effective 1-1-65

I. Operator
 Amoco Production Company

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

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

To show change in potential production test and to show gas connection date.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal AG <i>Com</i>	Well No. 1	Pool Name, Including Formation Wildcat West Osudo Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM-16835
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Location
 Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West
 Line of Section 14 Township 20-S Range 35-E , NMPM, Lea 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	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 <u>F</u> Sec. <u>14</u> Twp. <u>20</u> Rge. <u>35</u>	Is gas actually connected? <u>Yes</u> When <u>4-10-81</u>

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 type="checkbox"/>	Gas Well <input checked="" 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 1-21-80	Date Compl. Ready to Prod. 7-21-80	Total Depth 13450'	P.B.T.D. 13400'					
Elevations (DF, RKB, RT, GR, etc.) 3695.2' RDB	Name of Producing Formation Morrow	Top Oil/Gas Pay 13007'	Tubing Depth 13143'					
Perforations 13007'-13330'		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	398'	500 SX Class C
14-3/4"	10-3/4"	4195'	3200 Lite, 200 Class C
9-1/2"	7-5/8"	11617'	925 Lite, 250 Class H

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	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 3800	Length of Test 24 hr.	Bbls. Condensate/MMCF 64/1	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size 19/64"

VI. CERTIFICATE OF COMPLIANCE 0+4-NMOCD, H 1-LBG 1-Hou 1-Susp 1-W. Stafford, Hou 1-Superior

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.

Benton Green
 (Signature)
 Assist. Admin. Analyst
 (Title)
 4-20-81
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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 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 multip. completed wells.