

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. PRODUCTION OFFICE	
Operator Amoco Production Company	
Address P. O. Box 68 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
SEPARATED BELOW IF YOU DO NOT CONCUR
ADVISE THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE				
Lease Name State A	Well No. 37	Pool Name, Including Formation Hobbs Drinkard R-6368	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter J : 1980 Feet From The South Line and 1832 Feet From The East				
Line of Section 4 Township 19-S Range 38-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					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 9	Twp. 19	Rge. 38	Is gas actually connected? yes	When 4-5-80

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

V. 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"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 1-12-80	Date Compl. Ready to Prod. 4-23-80	Total Depth 7097'		P.B.T.D. 7060'					
Elevations (DF, RKB, RT, GR, etc.) 3621.2 RDB	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6742'		Tubing Depth 6928'					
Perforations 6742'-6894'		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17-1/2"	13-3/8"	395'		450 SX Class C					
12-1/4"	9-5/8"	430'		1000 SX Class C					
8-3/4"	7"	7096'		700 SX Class C					

VI. 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 4-5-80	Date of Test 4-23-80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 52	Oil-Bbls. 6	Water-Bbls. 46	Gas-MCF 168

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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED	
0+4-NMOCD, H 1-Hpu .1-Susp 1-BD		BY <u>Jerry S. [Signature]</u>	
<u>Bob Davis</u> (Signature)		TITLE <u>SUPPLYMAN</u>	
Admin. Analyst		This form is to be filed in compliance with RULE 1104.	
4-24-80 (Date)		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.	

INCLINATION REPORT

OPERATOR Amoco Production Company ADDRESS PO Box 68, Hobbs, New Mexico 88240
 LEASE NAME State "A" WELL NO. 37 FIELD _____
 LOCATION Section 4, T-19S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
395	1/4	1.7380	1.7380
892	1	8.6975	10.4355
1419	1 1/4	11.4886	21.9241
1513	1 1/4	2.0492	23.9733
1812	1 1/4	6.5182	30.4915
2530	1 1/4	15.6524	46.1439
2775	1 3/4	7.4725	53.6164
3279	1 1/2	13.2048	66.8212
3779	1 3/4	15.2500	82.0712
4300	1 1/4	11.3578	93.4290
4797	1 1/4	10.8346	104.2636
5293	1	8.6800	112.9436
5788	3/4	6.4845	119.4281
629-	1/2	4.2804	123.7085
6752	1/2	4.1064	127.8149
7100	1/4	1.5312	129.3461

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

John Ayers

TITLE John Ayers, Office manager

AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief such
 well was not intentionally deviated from the true vertical whatsoever.

John Ayers

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 23rd day of February, 19 80

RECEIVED

APR 25 1980

SEAL

MY COMMISSION EXPIRES FEBRUARY 6, 1984

Paul B. Taylor
 Notary Public in and for the County
 of Lea, State of New Mexico