

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BY STATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator Amoco Production Company	
Address P. O. Box 68 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner \_\_\_\_\_  
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

I. DESCRIPTION OF WELL AND LEASE

Lease Name Byers B	Well No. 35	Pool Name, Including Formation Und. Hobbs Drinkard	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>H</u> : <u>2030</u> Feet From The <u>North</u> Line and <u>626</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> 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"/> Amoco Production Company - Trucks	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 type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation	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 <u>B</u> : <u>9</u> : <u>19</u> : <u>38</u>	Is gas actually connected? <u>Yes</u> When <u>5-1-80</u>

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 <input 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 2-10-80	Date Compl. Ready to Prod. 5-1-80	Total Depth 7096'
Elevations (DF, RKB, RT, CR, etc.) 3630.4 RDB	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6645'
Perforations 6645'-6910'		Tubing Depth 6910'
Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
17-1/2"	13-3/8"	365'
12-1/4"	9-5/8"	4305'
8-3/4"	7"	7096'
		SACKS CEMENT 450 SX Class C 850 SX lite; 200 CL C 800 SX Class C

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 4-27-80	Date of Test 5-1-80	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hours	Tubing Pressure	Casing Pressure
Actual Prod. During Test 126	Oil-Bbls. 23	Water-Bbls. 103
		Gas-MCF 27

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

0-4-NMOC, H 1-Hou 1-Susp 1-BD

Bob Davis  
(Signature)

Admin. Analyst  
(Title)

5-6-80  
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT 14

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.

## INCLINATION REPORT

OPERATOR Amoco Production Company ADDRESS PO Box 68, Hobbs, New Mexico 88240LEASE NAME Byers "B" WELL NO. 35 FIELD LOCATION Section 4, T-19S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
395	1 1/4	8.6110	8.6110
886	3/4	6.4321	15.0431
1380	1	8.6450	23.6881
1622	1 1/4	4.2350	27.9231
2129	1 1/4	11.0526	38.9757
2629	1 1/4	10.9000	49.8757
3123	1 1/4	10.7692	60.6449
3623	1	8.7500	69.3949
4305	3/4	8.9342	78.3291
4803	1 1/4	10.8564	89.1855
5327	1 1/4	11.4232	100.6087
6290	1	16.8525	117.4612
6590	1	5.2500	122.7112
7097	1	8.8725	131.5837

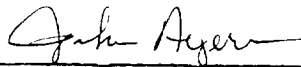
I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

TITLE John Ayers, Office Manager

## AFFIDAVIT:

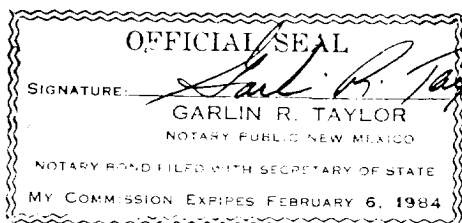
Before me, the undersigned authority, appeared John Ayers  
known to me to be the person whose name is subscribed herebelow, who, on making  
deposition, under oath states that he is acting for and in behalf of the operator  
of the well identified above, and that to the best of his knowledge and belief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



AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 19th day of March, 19 80

SEAL

Notary Public in and for the County  
of Lea, State of New Mexico