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

Operator AmeriGas, Inc., SEC Division	
Address PO Box 9737 El Paso, TX 79987	
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 checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Carbon Dioxide	

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Mitchell	Well No. 20	Pool Name, including Formation S. Bueyeros - Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter K	E-1650	Feet From The W	Line and N1980	Feet From The S
Line of Section 5	Township 18N	Range 30E	NMPM, Harding	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None		
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)	
AmeriGas, Inc., SEC Division	PO Box 9737, #1 Paso, TX 79987	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	Yes	1/09/79

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X	X					
Date Spudded 11/02/78	Date Compl. Ready to Prod. 12/26/78	Total Depth 2071'	P.B.T.D. 2030'					
Elevations (DF, R&B, RT, GR, etc.) GL 4393	Name of Producing Formation Abo	Top Oil/Gas Pay 1900'	Tubing Depth 2013'					
Perforations 1900-04'; 1909-15; 1932-42; 1956-60; 1978-84; 1994-98;			Depth Casing Shoe 2071'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	156'	150 sx Common					
7 7/8"	5 1/2"	2071'	300 sx Light					
			100 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)

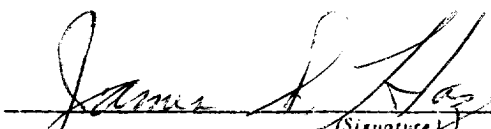
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 2,300	Length of Test 6 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Pilot, back pr.) Pilot	Tubing Pressure (Shut-in) 530#	Casing Pressure (Shut-in) 530#	Choke Size 2 1/2"

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.



Manager- CO_2 Production
(Title)
January 10, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED January 15, 1979
BY Carl Ulvog
TITLE SENIOR PETROLEUM GEOLOGIST

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.