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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-110
Effective 1-1-65

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JUL 21 1977

Operator <u>AMOCO PRODUCTION COMPANY</u> ✓ <u>O. C. C.</u>	
Address <u>ARTESIA, OFFICE</u>	
<u>P.O. DRAWER A, LEVELLAND, TEXAS 79336</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	REQUEST TESTING
Recompletion <input type="checkbox"/>	ALLOWABLE OF 2000 BBLs
Change in Ownership <input type="checkbox"/>	FOR JULY <u>DR # 3215-41</u>
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>OLD INDIAN DRAW UNIT</u>	Well No. <u>22</u>	Pool Name, including Formation <u>INDIAN DRAW DELAWARE</u>	Kind of Lease State, Federal or Fee <u>FED</u>	Lease No. <u>NM-041562-A</u>
Location Unit Letter <u>L</u> : <u>2323</u> Feet From The <u>SOUTH</u> Line and <u>796</u> Feet From The <u>WEST</u> Line of Section <u>18</u> Township <u>22</u> Range <u>28</u> , NMPM, 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"/> <u>PERMIAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 3119, MIDLAND, TEXAS 79701</u>
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 <u>J</u> Sec. <u>18</u> Twp. <u>22</u> Rge. <u>28</u> Is gas actually connected? <u>NO</u> When _____

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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	Length of Test	Bbls. Condensate/MMCF	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Kenneth Brand
(Signature)
Senior Staff Assistant
(Title)
7-20-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 22 1977, 19____
BY W. A. Gessett
TITLE SUPERVISOR, DISTRICT II

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.