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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-110
Effective 1-1-65
RECEIVED

JUL 30 1981

C. C. D.
ARTESIA, 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 checked="" 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

Deviation Survey Attached
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10-1-81
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED
Ex # 2-560

I. DESCRIPTION OF WELL AND LEASE

Lease Name State CF	Well No. 6	Pool Name, including Formation Chisum-San Andres	Kind of Lease State, Federal or Fee	Lease No. B-8385
Location Unit Letter K ; 2310 Feet From The South Line and 2310 Feet From The West				
Line of Section 13 Township 11-S Range 27-E, NMPM, Chaves 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"/> Western Oil Transportation - Amoco 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"/>	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 K	Sec. 13	Twp. 11-S	Rge. 27-E	Is gas actually connected? No	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 <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 6-18-80	Date Compl. Ready to Prod. 6-30-81		Total Depth 2700		P.B.T.D. 2265			
Elevations (DF, RKB, RT, GR, etc.) 3768.7	Name of Producing Formation San Andres		Top Oil/Gas Pay 1668		Tubing Depth 2241			
Perforations 1568-2148'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 7-7/8"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 500'		SACKS CEMENT 300 SX Class C			
	5-1/2"		2699'		545 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 3-23-81	Date of Test 6-30-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 17	Oil-Bbls. 2	Water-Bbls. 15	Gas-MCF 0

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 0+4-NMOCD, A

1-Hou 1-Susp 1-MDR 1-W. Stafford, Hou

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.

Mark Randolph
(Signature)

Assist. Admin. Analyst

(Title)

7-28-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 1 1981
BY W. A. Gressett
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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.