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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

DEVIATION SURVEYS- BACK SIDE
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Operator Amoco Production Company	APR 30 1971
Address BOX 68, HOBBS, N. M. 89240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 6-29-71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
ARTESIA, OFFICE 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE 'EK'	Well No. 4	Pool Name, including Formation DOUBLE L QUEEN	Kind of Lease State, Federal or STATE	Lease No. K-6652-2
Location Unit Letter E 1650 Feet From The NORTH Line and 990 Feet From The WEST				
Line of Section 25 Township 14-S Range 29-E NMJM, CHAVES 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"/>	Address (Give address to which approved copy of this form is to be sent)	
THE PERMIAN CORP (TRUCKS)	Box 3119, MIDLAND TEXAS 79601	
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 D	Sec. 25	Twp. 14 Rge. 29
Is gas actually connected? No. PL Conn AWAITING R-O-W FROM STATE		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-19-71	Date Compl. Ready to Prod. 4-27-71	Total Depth 1946	P.B.T.D. 1917					
Elevations (DF, RKB, RT, GR, etc.) 3825' R.D.B.	Name of Producing Formation QUEEN	Top Oil/Gas Pay 1900	Tubing Depth 1910					
Perforations 1900-04			Depth Casing Shoe 1946					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11" 7 7/8"	CASING & TUBING SIZE 8 5/8" 4 1/2" 2 3/8"		DEPTH SET 361' 1946' 1910		SACKS CEMENT 275 SX 200 SX			

V. 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 4-29-71	Date of Test 4-30-71	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 120	Casing Pressure 450	Choke Size 28/64
Actual Prod. During Test 213	Oil-Bbls. 213	Water-Bbls. 0	Gas-MCF 45

GAS WELL

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

VI. 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.

013. Nmocc. Art	
1- ACJR	
1- JEL	
1- OB P	
1- SUSP	
1- RPY	
(Signature)	AREA SUPERINTENDENT
(Title)	APR 30 1971
(Date)	

OIL CONSERVATION COMMISSION
APR 30 1971

APPROVED	19
BY	W. A. Gussert
TITLE	OIL AND GAS INSPECTOR

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.

DEVIATION SURVEYS

<u>DEPTH</u>	<u>DEGREES OFF</u>
361	1/4
495	1/2
987	1/2
1458	3/4
1932	"

The above are true to the best of my knowledge & belief.

AREA SUPERINTENDENT

Sworn to this date, April 30, 1971.

Barbara Sue Hunter
Notary Public In & For Sea Co. N. M.
My Commission Expires 2-5-74