

NO. OF COPIES APPROVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
PROBATION 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

< DEVIATION SURVEYS- BACK SIDE >
RECEIVED

Operator AMOCO PRODUCTION COMPANY		APR 16 1971
Address BOX 43, HOLDS, N. M. 88240		
Reasons for filing (check proper box)		Other () CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-20-71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name FALGOUT "A" Federal	Well No. 1	Pool Name, Including Formation DOUBLE L QUEEN	Kind of Lease State, Federal or Fee Federal	Lease No. NM-4093690
Location Unit Letter P 990 Feet From The SOUTH Line and 330 Feet From The FEL Line of Section 23 Township 14-S Range 29-E, NMPM, 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"/> THE PERMIAN CORP (TRUCKS)	Address (Give address to which approved copy of this form is to be sent) MIDLAND TEXAS					
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 P	Sec. 23	Twp. 14	Rge. 29	Is gas actually connected? No	When

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'tv.	Diff. Res'tv.
Date Spudded 3-12-71	Date Compl. Ready to Prod. 3-17-71	Total Depth 1926'		P.B.T.D. 1907'					
Elevation (F.F., R.R.B., RT, GR, etc.) 3806' R.D. B.	Name of Producing Formation QUEEN	Top Oil/Gas Pay 1862'		Tubing Depth 1880'					
Perforations 1864-77' w/2JSPF				Depth Casing Shoe 1926'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		342'		Circ			
7 7/8"		4 1/2"		1926'		200			
		2 3/8"		1880'					

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 3-20-71	Date of Test 4-6-71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 8	Oil-Bbls. 8	Water-Bbls. 0	Gas-MCF 404

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.

O+4-NMCCC-ART 1-DBP 1-JEL 1-RWB 1-SUSP 1-RRY	(Signature) AREA SUPERINTENDENT (Title) 4-13-71 (Date)
---	--

OIL CONSERVATION COMMISSION

APPROVED APR 19 1971
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>
322	1/4
840	1/2
1190	1 -
1600	1 -
1858	1 -

The above are true to the best of my knowledge.

[Signature]

Sworn to this date the 15th day of April 1971

[Signature]
 Notary Public In & For Ala. C. N. M.
 My Commission Expires 6-18-72