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LAND OFFICE	
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OPERATOR	1
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 1-65
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JUN 20 1972

DEVIATION SURVEYS - BACK SIDE

O. C. C.

ARTESIA, OFFICE

Operator Amoco Production Company	
Address BOX 68, HOBBS, N. M. 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 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

I. DESCRIPTION OF WELL AND LEASE

Lease Name STATE-FEDERAL GAS CO	Well No. 1	Pool Name, Including Formation EMPIRE PENN GAS	Kind of Lease State, Federal or Fee STATE	Lease No. B-1111-8
Location				
Unit Letter E	1810	Feet From The NORTH Line and 790	Feet From The WEST	
Line of Section 28	Township 17-S	Range 28-E	NMPM, EDDY	County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NAVAJO REF CO - PIPELINE DIV	ARTESIA, N. M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
AMOCO PRODUCTION CO (DAV + 50 UNION)	BOX 68, HOBBS, N. M.
FLASH GAS - VENT - No Production	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 29 17 28 YES 6-19-72

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 3-18-72	Date Compl. Ready to Prod. 5-10-72	Total Depth 10324'	P.B.T.D. 10275'					
Elevations (DF, RKB, RT, GR, etc.) 3641' RDB	Name of Producing Formation PENN	Top Oil/Gas Pay 10033	Tubing Depth 10030					
Perforations 10033-47' 54-62'	Depth Casing Shoe 10,324							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	11 3/4" - 47'	349'	300 - Circ					
11"	8 5/8" - 24' K-55	2106'	725					
7 7/8"	5 1/2" 15.5-17' N-80-K-55	10324'	650					
	2 3/4"	10030						

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	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 643	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Open well Tester	Tubing Pressure (Shut-in) FTP 350	Casing Pressure (Shut-in)	Choke Size 18/64

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.

044 NMOCC-116T

1 - DIV	(Signature)	AREA SUPERINTENDENT
1 - ODP		
1 - SUSP		
1 - CONDO		
1 - MEXICO OIL (CANADA)	(Title)	
	(Date)	6-19-72

OIL CONSERVATION COMMISSION

APPROVED	JUN 21 1972	19
BY	W. A. Gressett	
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

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O. C. C.
ARTESIA, OFFICE

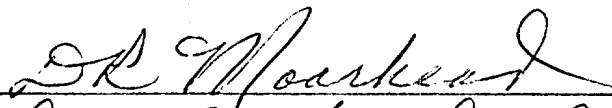
<u>DEPTH</u>	<u>DEGREES OFF</u>
449	1 ¹ / ₄
750	"
1114	1 ³ / ₄
1350	¹ / ₄
1644	"
1750	1 -
2100	¹ / ₄
2430	"
2747	1 -
3160	1 ¹ / ₄
3579	"
3980	1 ¹ / ₂
4430	1 -
4790	1 ¹ / ₄
5185	1 -
5685	1 -
5790	1 ¹ / ₄
6068	1 ¹ / ₂
6290	1 ¹ / ₄
6960	"
7365	1 -
8170	3 ¹ / ₄
8250	2 ¹ / ₂
8500	2 ³ / ₄
8770	3 -
9110	2 ³ / ₄
9490	1 ¹ / ₄
9720	³ / ₄
9800	¹ / ₄
10190	1 -

The above are true to the best of my knowledge.



AREA SUPERINTENDENT

Sworn to this date June-19, 1972.



Notary Public In & for Lea Co. N.M.
My Commission Expires 6-18-76