1.	NO. OF COPIES RECEIVED    DISTRIBUTION    SANTA FE    FILE    U.S.G.S.    LAND OFFICE    IRANSPORTER    OPEFLATOR    OPEFLATOR    OPEFLATOR    OPEFLATOR    OPEFLATOR    PROPATION OFFICE    Operator    WILLIAM N. BEACH    Address    P. O. BOX 3669, Midla	REQUEST	ONSERVATION COM FOR ALLOWABLE ANDECEVEN NSPORTOIL AND MAY 1 5 1981 O. C. D. ARTESIA, OFFICE		Form C-104 Supersedes Old C-104 and ( Etfoctive 1-1-65 AS
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership give name and address of previous owner DESCRIPTION OF WELL AND I Lease Name Amoco-State	Change in Transporter of: Cil Dry Ga Casinghead Gas Conden	sate CAN INCO	Potential <u>FIEAD</u> GAN DATTER SAN EXCE AINED Kind of Leose	S MUST NOT BE 7-12-81 EPTION TO Reale 306 cr Foo State LG 582
111.	Location  K  2287  West  2310  Feet From The  South    Unit Letter  :				
	Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this No connection    No connection  If well produces oil or liquids, qive location of tanks.  Unit  Sec.  Twp.  Fige.  Is gas actually connected?  When    If this production of tanks.  K  25  16-S  28-E  NO  NEGOTIATI    If this production is commingled with that from any other lease or pool, give commingling order number:  Oil Well  Gas Well  New Well  Workover  Deepen  Plug Back				
	Date Spudged 7-6-80 Elevations (DF, RAB, RT, GR, etc.) 3580.2 G.L. Perforations 1609-34	TUBING, CASING, AND	Total Depth 1690 Top Cll/Gas Pay 1608	20	P.B.T.D. 1668 Tubing Depth 1592 Depth Casing Shoe /688
	HOLE SIZE	CASING & TUBING SIZE 8-5/8" 4-1/2" 278 "	DEPTH S 301 1688 1672	ЕТ 3	SACKS CEMENT 250 sx. "C" 150 sx. "C"-50/50 Poz
V.	TEST DATA AND REQUEST FC OIL, WFIL Date First New Cil Run To Taiks 5-12-81 Length of Test 24 hours Actual Pred. During Test 42	DR ALLOWABLE (Test must be a) able for this de Date of Test 5-12-81 Tubing Pressure 420 ClBbls. 42	iter recovery of total vol pith or be for full 24 hour Producing Method (Fic Casing Pressure 400 Water-Bble. -0-	s) w, pump, gas lif )W )	t, etc.) Choke Size 12/64 Gas-MCF 24.0
	GAS WELL Actual Prod. Tool+WCE/D Teating Mathod (pitor, back pr.)	Length of Test Tubing Pressure (Shut-in )	Bbla, Condensate/MMC Casing Pressure (Shu	t-in)	Gravity of Condensate Choke Size
VI.	CERTIFICATE OF COMPLIANC I hereby certify that the rules and r Commutation have been compiled w above is true and complete to the Complete	OIL CONSERVATION COMMISSION MAY 1 9 1981 APPROVED BY SUPERVISOR. DISTRICT II TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepr well, this form must be accompanied by a tabulation of the devi- tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owr well name or number, or transporter, or other such change of conditi Separate Forms C-104 must be filled for each pool in multi- completed wells.			