	COL CONSERVATION DI SION P. O. BOX 2008 SANTA FE, NEW MEXICO 87501		Form C-104 Revised 10-1-70 RECEIVED
U.S.U.S. LAND OFFILE TRANSPORTER OIL	REQUEST FOR ALLOWABLE		JAN 1 9 1982
OPERATOR PROBATION OFFICE Cymratar	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		S C. C. D. ARTESIA, OFFICE Y
Amoco Production Co	ompany		
P. O. Box 68, Hobt Reeson(s) for filing (Check prope	os, NM 88240	Other (Please explain)	
New Well A Recompletion Change in Ownership		Gos	
If change of ownership give nar and address of previous owner	ne	·	
DESCRIPTION OF WELL A	ND LEASE Well No. Pool Diame, Including	Formation	
Federal CE Gas Com.	Crow-1	ala	deral or Fee Federal NM 12110
Unit Letter K ;	1980 Feet From The South	line and 1.980 Feet Fr	om The West
Line of Section 1	Township 17-S Range	27-Е , ммрм, Ed	dy Count
	ORTER OF OIL AND NATURAL C		
Permian Corp. SC	URLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which ap P. O. Box 1183, Hou	proved copy of this form is to be sent) ston. TX
Name of Authorized Transporter of Northern Natural-Ga	Casinghead Gas of Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Hobbs, NM 88240 460	Ventrook, Odersa, Tx, 7976.
give location of tarks.	K 1 17-S 27-		7-7-87
COMPLETION DATA	with that from any other lease or pool		
Designate Type of Comple	etion - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Hes'v. Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-27-81 Elevations (DF, RKB, RT, GR, etc	.; Name of Producing Formation	9602 Top Oil/Gas Pay	9550 Tubing Depth
3528.2 GL	Morrow	92.97	9182
9414-9418 9297-9:	302		Depth Casing Shoe
HOLE SIZE		D CEMENTING RECORD	
17-1/2	CASING & TUBING SIZE	400	400 SX C1 H with 1% CACL
12-1/4	9-5/8	2000	1735 SX Lite, 200 SX CL (
8-3/4	5-1/2	9700	400 SX C1 H
TEST DATA AND REQUEST OIL WELL		after recovery of social volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allo
Date First New Oll Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Chore Size
Actual Prod. During Test	Oll-Bbls.	Water - Bbis.	Gas-MCF
GAS WELL			
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate
687 Teeting Method (pilol, back pr.)	24 hrs. Tubing Pressure (shut-la)	17-1/2 Cosing Pressure (Bhut-in)	
Flow	Tabing Pressue (BABC-DB)	Cosing Pressure (Bhut-In)	Choke Size 15/64
CERTIFICATE OF COMPLIANCE		44	110N DIVISION 2 1 1987
Division have been complied wi	hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		ol Signed By
ibove is true and complete to t	he best of my knowledge and belief,	BYtes A	
			isor District 11
Mark Randolph		This form is to be filed in compliance with AULE 1104. If this is a request for allowable for a newly drilled or deepene	
(Signature)		well, this form must be accomp tests taken on the well in accomp	anied by a tabulation of the deviatio
Assist. Admin. Analyst		All sections of this form must be filled out completely for allow able on new and recompleted wells.	
1-15-82 (Date)		Fill out only Sections 1, well name or number, or transpo	11, 111, and VI for changes of owner iter, or other such change of condition at be filed for each pool in multipl
	I	remoleted wells.	in multipl