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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
(DEVIATION SURVEYS - BACK SIDE)
DEC 29 1972

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

O. C. C.

API-30-015-20510

Operating **Amoco Production Company** ARTESIA, OFFICE

Address
BOX 68, HOBBS, N. M. 88240

Reason(s) for filing (check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☒

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MALCO "S" FEDERAL	Well No. 1	Pool Name, Including Formation SCOGGIN DRAW-MORROW	Kind of Lease State, Federal or Fee FED	Lease No. LC-067858
Location Unit Letter F ; 1650 Feet From The NORTH Line and 1653 Feet From The WEST Line of Section 11 Township 18-S Range 27-E , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Amoco Production Company (Trucks)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Amoco Production Company (DAU)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 68, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 11	Twp. 18-S	Rge. 27-E	Is gas actually connected? Yes	When 12-27-72

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 10-16-71	Date Compl. Ready to Prod. 12-20-71		Total Depth 10,168'		P.B.T.D. 10,000'			
Elevations (DF, RKB, RT, GR, etc.) 3587' RDE	Name of Producing Formation Penn-Morrow		Top Oil/Gas Pay 9,621		Tubing Depth 9,504'			
Perforations 9621'-27', 67'-72', 82', 86', 9735', 39', 42', 72', 75'-84', 91'-95', 9851'-56', 58', 64', 66', 9929'					Depth Casing Shoe 10,138'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4"		1000'		970 SX			
11"	8-5/8"		6348'		300 SX			
7-7/8"	5-1/2"		6277'-10138'		855 SX			
		2 7/8"	9504' RKB @ 9491'					

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 AAOF - 10785	Length of Test 4 Hr.	Bbls. Condensate/MMCF 12	Gravity of Condensate 54°
Testing Method (pitot, back pr.) 4 - Pt	Tubing Pressure (shut-in) 2862	Casing Pressure (shut-in) PKR	Choke Size VARIOUS

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.

OIL CONSERVATION COMMISSION

APPROVED **DEC 29 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.

0 & 4 - NMOCC-Art.

1 - Div

1 - JEL

1 - OBP

1 - Susp

1 - RRY

2 - Hondo

(Signature) **James E. J. J.** AREA SUPERINTENDENT

(Title)

(Date)

12-27-72

<u>DEVIATION SURVEYS</u>	
<u>DEPTH</u>	<u>DEGREES OFF</u>
740	1/2
1300	1/4
1670	1/4
2040	1/4
2460	1/2
2790	1/2
2970	1-1/4
3500	3/4
4000	3/4
4560	1°
4890	1°
5100	1-1/4
5610	1
6020	2-1/2
6195	2-1/2
6345	2
6970	2-1/4
7510	1
8152	1-3/4
9430	3/4
10165	1

The above are true to the best of my knowledge.

James E. Smith
 AREA SUPERINTENDENT *Engineer*

Sworn to this date. *December 27, 1972*

DR. Markes
 NOTARY PUBLIC IN & FOR LEA COUNTY, NEW MEXICO
 MY COMMISSION EXPIRES *6-15-76*