NO. OF COPIES RECEIVED		_		
DISTRIBUTION		NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
SANTA FE /		OR ALLOWABLE	Effective 1-1-65	
FILE U.S.G.S.	AUTHORIZATION TO TRAN	AND ISPORT OIL AND NATURAL	GAS	
LAND OFFICE	AUTHORIZATION TO TISAN	OF OR FORE PRINCIPLE		
IRANSPORTER OIL /			Book Sine)	
GAS /	DIRECTION	IAL SURVEYS	- BACK SIDE	
OPERATOR /	RECEI	V F D		
Operator				
Amoco Production Co		1071		
BOX 68, HOBBS, N. M. 882	40			
Reason(s) for filing (Check proper box)	Ω. Γ.	C. Other (Please explain)	T FOR WELL NO.5 SHUT-IN	
New Wolf	Change in Transporte ARTESIA, D	FFICE REPUBLICION	SHUT- TAI	
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens		OWABLE)	
		Compactor		
If change of ownership give name and address of previous owner				
·				
II. DESCRIPTION OF WELL AND LI	Well No. Pool Name, Including For		- NIN-	
MALCO G - EDERAL	15 EMPIRE HE	State, Fed	eral or Fee FED 025604	
Location	No.	330	om The EAST	
Unit Letter <u>H</u> ; 230	Feet From The NORTH Line	and 330 Feet Fro	om The	
Line of Section 9 Town	ship 18-5 Range	27-E , NMPM, ET	ODY County	
			•	
II. DESIGNATION OF TRANSPORT	or Condensate	Address (Givç address to which ap	proved copy of this form is to be sent)	
Amoco Pipe Lin		3011 KNOXIIILLE L	UBBOCK JEXAS	
		Address (Give address to which ap	proved copy of this form is to be sent)	
Amoco Production Compan	y BOX 68, HOBBS, N. M. 88240E	Is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	YES.	11-20-71	
If this production is commingled with	that from any other lease or pool.			
If this production is commingled with IV. COMPLETION DATA		New Well Workover Deepen		
Designate Type of Completion	Oil Well Gas Well	New Melt , Motkoner , Deeber	Tag Basis	
The state of the s	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
10-27-71	11-20-71	5776	Tubing Depth	
[Name of Producing Formation	Top Oil/Gas Pay 5627	56.75	
3498 RDB	. HDo	J 0 4 C	Depth Casing Shoe	
5627 - 5674			5 (6	
		DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	995	450 Sx	
7/0"	4 1/2 "	5776	300 5x	
		tl values of loss	loil and must be equal to or exceed top allow	
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)	
11-20-71	11-25-71 Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	680	PKR	15/64	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
181	181	<u> </u>	313	
GAS WELL Actual Frod, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Chut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Church Size	
		OU CONSE	RVATION COMMISSION	
VI. CERTIFICATE OF COMPLIANO	CE	N(~ · · · · · · · · · · · · · · · · · · ·	
I hereby certify that the rules and i	regulations of the Oil Conservation	APPROVED	, 19	
Commission have been complied value above is true and complete to the	with and that the information kives	11 / / / /	chessets	
		1 •	O 628 JUSPECTOR	
		111, 20		
17. *	カラでんか。		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
0+4-NMOCC-ACT (Signature) AREA SUPERINTENDENT		well, this form must be acc	well, this form must be accompanied by a tabulation of the deviation that taken on the well in accordance with RULE 111.	
1-DIV		All sections of this for	All sections of this form must be filled out completely for allow	
I- SUSP (Ti	(:le)	able on new and recomplet	ed wells. T IT ITT and VI for changes of owner.	
1- RPV (D	NOV 2 9 1971 ate)	well name or number, or trac	asporter, or other such change of condition	

2- HONDO

Separate Forms C-104 must be filed for each pool in multiply completed wells.

DEVIATION SURVEYS			
DEPTH	DEGREE'S		
481	1/4		
1491	1 1/2		
1662	2 1/2		
2064	1 3/4		
2314	"		
2527 2753	2 14		
3251	4		
3507	2 3/4		
•			
3812	1 3/4		
4134	1 /2		
4417	and the second second		
4502	2 –		
4629	11		
5101	2 1/4		
5164	n		
5543	2/2		
5769	134		
_	· / T		

THE ABOUE ARE TRUE TO THEBEST OF MY KNOWLEDGE

11 5 Staley

SWORN TO THIS DATE, NOVEMBER 29, 1971

MY COMMISSION EXPIRES 6-18-72