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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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 1-1-65

RECEIVED

OCT 19 1979

Operator <u>Amco Oil and Gas Company</u> <u>Division of Atlantic Richfield Company</u>		O. C. C. ARTESIA, OFFICE
Address Box 1710, Hobbs, New Mexico 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 Exxon State	Well No. 2	Pool Name, Including Formation <u>Undesignated Morrow Gas</u>	Kind of Lease State, Federal or Fee State	Lease No. 647
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>North</u> Line of Section <u>9</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<u>yes</u>	<u>see attached</u>

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	X					
Date Spudded 7/22/79	Date Compl. Ready to Prod. 10/2/79	Total Depth 10,506'	P.B.T.D. 10,415'					
Elevations (DF, RKB, RT, GR, etc.) 3634.6' GR	Name of Producing Formation Morrow Gas	Top Oil/Gas Pay 10,350'	Tubing Depth 10,300'					
Perforations 10,350, 53, 54, 56, 80, 81, 83, 86, 89, 10,390'			Depth Casing Shoe 10,424'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13-3/8" OD	417'	550 sx					
12 1/4"	8-5/8" OD	2757'	1850 sx					
7-7/8"	4 1/2" OD	10424'	2300 sx					
	2-3/8" OD	10300'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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 CAOF 1200	Length of Test 4-pt	Bbls. Condensate/MMCF 6	Gravity of Condensate 52.5 @ 60°F
Testing Method (pitot, back pr.) back pr	Tubing Pressure (Shut-in) 3065#	Casing Pressure (Shut-in) Pkr	Choke Size

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.

Edgar Lee
(Signature)
Dist. Drlg. Supt.
(Title)
10/16/79
(Date)

OIL CONSERVATION COMMISSION
DEC 31 1979
APPROVED
BY W. A. Gussert
TITLE SUPERVISOR, DISTRICT II
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