

INSTITUTION	
SALES FE	/
FILE	/
REG. F.	/
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	/
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Superseding OMC O-101 and O-11
 Effective 1-1-65

RECEIVED

JAN 30 1980

Deviation Survey Attached

O. C. D.
 ALBUQUERQUE, OFFICE

Operator Amoco Production Company

Address P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
<u>Rio Siete</u>	<u>1</u>	<u>Wildcat Morrow</u>	State, Federal or Fee	<u>Fee</u>				
Location								
Unit Letter	<u>J</u>	Feet From The	<u>South</u>	Line and	<u>2310</u>	Feet From The	<u>East</u>	
Line of Section	<u>11</u>	Township	<u>20-S</u>	Range	<u>25-E</u>	NMPM,	<u>Eddy</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Natural Gas Pipeline of America</u>	<u>P. O. Box 236, Midland, TX</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>J</u>	<u>11</u>	<u>20</u>	<u>25</u>	<u>No yes</u>	<u>4-22-80</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>11-3-78</u>	<u>1-19-80</u>	<u>9867'</u>	<u>9825'</u>					
Elevations (DC, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3366 GR</u>	<u>Morrow</u>	<u>9448'</u>	<u>9259'</u>					
Perforations	Depth Casing Shoe							
<u>9448'-68', 9510'-14', 9528'-32', 9636'-60'</u>	<u>9865</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>333'</u>	<u>325 sx CL C</u>
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>1500'</u>	<u>150 sx Thickset + 400 sx Hallite + 200 sx CL C</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>9865'</u>	<u>250 sx CL H</u>

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-BSBls.	Water-BSBls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lbs. Condensate/MCF	Gravity of Condensate
<u>750</u>	<u>24 hrs.</u>	<u>0</u>	
Testing Method (Flow, Back pr.)	Tubing Pressure (lb/ft ² -in)	Casing Pressure (lb/ft ² -in)	Choke Size
<u>Flowing</u>	<u>525</u>		<u>14/64"</u>

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.

0+4 NMOCD-A, 1-Hou, 1-Susp, 1-BD, 1-Exxon, 1-Yates
 1-Cities Svc., 1-Gulf, 1-Antweil, 1-Mtn. States,
 1-U. V. Ent. 1-Monsanto

Bob Lewis
 (Signature)
 Assistant Administrative Analyst
 (Title)
 1-15-80
 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 28 1980, 19____

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 change of owner, well name or number, or transporter, or other such change of condition.

WELL NAME AND NUMBER Rios Siete No. 1

LOCATION 1980/S 2310/E Section 11, T20S, R25E, Eddy County, New Mexico
(New Mexico give U.S.TER: Texas give S, BLK, SURV. and TWP)

OPERATOR Morris R. Antweil

DRILLING CONTRACTOR MORANCO

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees and Depth	Degrees and Depth	Degrees and Depth	Degrees and Depth
3/4 101	3/4 3792	3/4 9530	3/4 101
3/4 223	1 1/4 4265	1 9626	3/4 223
1/4 333	2 4751	1 9865	1/4 333
1/4 743	2 1/4 5268		1/4 743
3/4 1050	2 5642		3/4 1050
1/2 1271	1 3/4 6159		1/2 1271
3/4 1500	2 6639		3/4 1500
1/4 1807	1 1/4 7093		1/4 1807
1/4 2103	2 7622		1/4 2103
1/2 2562	1 8099		1/2 2562
1 3047	1/2 8584		1 3047
1 3353	3/4 9145		1 3353

Drilling Contractor MORANCO

By *[Signature]*
Jerry Gilbert, Drilling Engineer

Subscribed and sworn to before me this 29th day of December 19 78

