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LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
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-1.
Effective 1-1-65

RECEIVED

SEP 14 1982

1.

Operator	Amoco Production Company <input checked="" type="checkbox"/>	O. C. D.
Address	P. O. Box 68, Hobbs, New Mexico 88240	ARTESIA OFFICE
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well	<input type="checkbox"/>	Change in Transporter of:
Recompletion	<input checked="" 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Greenwood Pregrayburg Unit Fed D Com	Well No.	1	Pool Name/Including Formation	Wildcat Atoka	Kind of Lease	State, Federal or Fee	Lease No.	Federal LC-029392-1
Location	Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West								
Line of Section	26	Township	18-S	Range	31-E	NMPM	Eddy	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	The Permian Corporation Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1183, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 2197, Houston, Texas
If well produces oil or liquids, give location of tanks.	Unit C Sec. 26 Twp. 18 Rge. 31	Is gas actually connected?	Yes
		When	7-27-82

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 Restv.	Diff. Restv.
		X				X		X
Date Spudded	7-7-80	Date Compl. Ready to Prod.	7-27-82	Total Depth	11876	F.B.T.D.	11415	
Elevations (DF, RKD, RT, GR, etc.)	3653.4 GL	Name of Producing Formation	Atoka	Top Oil/Gas Pay	10090	Tubing Depth	10090	
Perforations	10090-11097, 11100-11111 4 JSPF						Depth Casing Shoe	11876
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		800		800 SX incor			
12-1/4	9-5/8		4900		2000 lite, 200 CIC			
8-3/4	5-1/2		11876		1325 lite, 825 CIC			
	2-3/8		10090					

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)

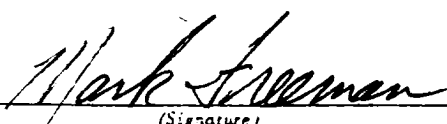
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2500	24 hr.	4	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flowing			28/64

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.


(Signature)

Assist. Admin. Analyst

(Title)

9-13-82

(Date)

OIL CONSERVATION COMMISSION

OCT 6 1982

APPROVED _____, 19

BY _____
Original Signed By
Lestie A. Clements

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 completed wells.