1	NO. OF COPIES RECEIVED		-								
	DISTRIBUTION										
	SANTA FE		ONSERVATION COMMISSION	Form C-104							
	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65							
	U.S.G.S.		AND								
		AUTHORIZATION TO TRA	S RECEIVED								
	┝╾╺──────────────────────────────┤╶┚╴┤╶╸╶		_								
	TRANSPORTER GAS 1	OCT _ 7 1981									
	OPERATOR /										
-	PRORATION OFFICE	$\bigcirc$ $\bigcirc$ $\bigcirc$									
1.	Operator	ARTESIA, OFFICE									
	Amoco Production Company /										
	Address										
	P. O. Box 68, Hobbs	NM 88240									
	Reason(s) for filing (Check proper box)	, 111 00240	Other (Please explain)								
	New Well	Change in Transporter of;									
	Recompletion										
	Change in Ownership										
		Casinghead Gas Conden									
	If change of ownership give name										
	and address of previous owner	· · · · · · · · · · · · · · · · · · ·									
11	DESCRIPTION OF WELL AND I	FASE									
	Lease Name	Well No.; Pool Name, Including Fo	ormation Kind of Lease	Lease No.							
	Federal BV	1 Boyd Und. Mor	row State, Federal c	Fee Federal NM-6026							
	Location	- Dogo									
	/N 990	South	e and <u>1980</u> Feet From The	West							
	Unit Letter;;	Feet From TheJOUCH_Lin	e andFeet From The	• <u>mest</u>							
	Line of Section 3 Tow	nship 19-S Range	24-E , NMFM, Eddy	County							
	Elle of Section 0 10w										
TTE	DESIGNATION OF TRANSPORT	FR OF OUL AND NATURAL GA	S								
	Name of Authorized Transporter of Oil		Address (Give address to which approved	l copy of this form is to be sent)							
	The Permian Corporation	 n	P 0 Box 1183 Houston	ту							
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🕅	P. O. Box 1183, Houston Address (Give address to which approved	l copy of this form is to be sent)							
	Transwestern Pipeline		P. O. Box 2521 Houston	ту							
	······································	Unit Sec. Twp. Rge.	Is gas actually connected? When	, 1							
	If well produces oil or liquids, give location of tanks.	N 3 19 24	Yes	10-2-81							
				10-2-01							
	If this production is commingled with that from any other lease or pool, give commingling order number:										
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.							
	Designate Type of Completio	n - (X) X	X								
	Date Spudded	Date Compl. Ready to Prod.		P.B.T.D.							
	1-16-81	4-27-81	8817 '	8571 8720							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tubing Depth							
	3678.4' GL	Morrow	8578	8513							
	Perforations	10110		Depth Casing Shoe							
	8578'-8652' 8817										
		TUBING, CASING, AND	D CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
	17-1/2"	13-3/8"	430 '	925 SX Class C							
	12-1/4"	8-5/8"		te: 500 SX C1 H. 250 SX							
	7-7/8"	5-1/2"	8817' 1310 SX	lite: 475 SX C1. H(C1.C							
		2-3/8"	8513'								
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil an	d must be equal to or exceed top allow-							
• •	OIL WELL	able for this de	epth 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							
				0							
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF							
	1	<u> </u>									
	GAS WELL	1		Or with at Combra da							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate							
	1900	24 hrs.		Choke Size							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	19/64"							
	Flowing	500 psi									
	CERTIFICATE OF COMPLIANO			ION COMMISSION							
		1-W. Stafford, Hou	APPROVED OCT 1 4 1981								
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED 19								
	Commission have been complied w above is true and complete to the	best of my knowledge and belief.									
		erry 1-Yates, A	SUPERVISOR, DISTRICT I								
	1-Read & Strevens 1-Coqu	•	TITLE								
	4. m	·LAI	This form is to be filed in compliance with RULE 1104.								
	Jong IVI	inchell	If this is a request for allowable for a newly drilled or deepened								
	(Sign	sture)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.								
	Admin. And	alyst		be filled out completely for allow-							
	(Ti		able on new and recompleted well	la.							
	10-2-8	81	Fill out only Sections I. II.	III. and VI for changes of owner,							
		ate)	well name or number, or transporter, or other such change of condition.								
			Separate Forms C-104 must completed wells.	be filed for each pool in multiply							
			it combreted werra.								

well name of humber, of transported of other outer the											
Separate	Forms	C-104	must	be	filed	for	each	pool	in	multiply	
completed we	lls.										