	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE		SERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65								
-	FILE		AND SPORT OIL AND NATURAL GA									
_	LAND OFFICE											
	TRANSPORTER GAS		J.J. 운영 i981									
	OPERATOR PRORATION OFFICE		Q. X. 1									
1.	Operator Chercella Chercel											
ŀ	Amoco Production Compa	Address										
ĺ	P. O. Box 68, Hobbs, Reason(s) for filing (Check proper box)	NM 88240	Other (Please explain)									
	New Well	/ Attached										
Recompletion Oil Dry Gas Deviation Survey Accached Change in Ownership Casinghead Gas Condensate												
	If change of ownership give name and address of previous owner											
H .	DESCRIPTION OF WELL AND L	- Mall Mort Foot Magie' thorrand ton	mation Kind of Lease	Lease No.								
	R. I. Floyd Com.	1 Und. Eddy Mo)YYOW State, Federal o	or Fee Fee								
	Location C 1948	BFeet From The <u>North</u> Line	and Feet From Th	eEast								
			Б-Е , NMPM, Eddy	County								
Π.	Name of Authorized Transporter of Oli		Address (Groe damess to which append									
	Name of Authorized Transporter of Casi		Address (Give address to which approve P. O. Box 1492, El Pa									
	El Paso Natural Gas Co If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? When									
	give location of tanks.	h that from any other lease or pool, g										
V.	If this production is commingled with COMPLETION DATA		New Weil Workover Deepen	Plug Back Same Res'v. Diff. Res'v.								
	Designate Type of Completio	n - (X) X	Χ	P.B.T.D.								
	Date Spudded	Date Compl. Ready to Prod. 7 15_81	Total ⊃epth 11546′	11508'								
	3-16-81 Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 10896 '								
	3331.1' GL	Morrow	11006'	Depth Casing Shoe								
	11006'-11354 w/2 JSPF	TURING CASING AND	CEMENTING RECORD	11338								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT								
	<u>17-1/2"</u> 12-1/4"	<u>13-3/8"</u> 9-5/8"	700 ' 2 918 '	Circ. to surface								
	8-3/4"	5-1/2"	1]538'									
٩,	TEST DATA AND REQUEST F	2/3 10 89 6										
Ŷ	TEST DATA AND REQUEST FOR ALLOWABLE (rest mast be after the depth or be for full 24 hours) OIL WELL able for this depth or be for full 24 hours) Date First New Cil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)											
			Casing Pressure	Choke Size								
	Length of Test	Tubing Pressure		Gan-MCF								
	Actual Pred. During Test	Cil-Bbls.	Water - Bbls.									
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate								
	1350	24 hrs. Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size								
	Testing Method (pitor, back pr.) Flow	600		23/64"								
V	I. CERTIFICATE OF COMPLIAN		OIL CONSERVA	1981 19								
	1-Hou 1-Susp 1-GPM I hereby certify that the rules and	remutations of the Oil Conservation	APPROVED									
		with and that the information given the best of my knowledge and belief.	I BY	ISTRICT: U								
	1-Felmont Oil		TITLE									
	The M	tchiel	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened									
		nature /	well, this form must be accompanied by a cabilitie of the pro- tents taken on the well in accordance with RULE 111. Ail sections of this form must be filled out completely for allow- eble on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner well neme of number, or transporten or other such change of condition									
	Admin.	Analyst										
	7-2	1-81										
	(1	Date)	Separate Forms C-104 must be filed for each pool in multipl completed wells.									

							1
Separate Forms	C-104	must	Ъe	filed	for	each	boor
npleted wells.							