ENERGY AND MINERALS DEPARTMENT

Revised 10-1-78

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
JUN 25 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Ammex Petroleum, Inc.

Address: Box 10507 Midland, TX 79702

Reason(s) for filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

CASINGHEAD GAS MUST NOT BE FLARED AFTER ~~7-25-84~~ UNLESS AN EXCEPTION FROM THE B. L. M IS OBTAINED

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

I. DESCRIPTION OF WELL AND LEASE R-2668

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Big Eddy	103	NE Fenton ~~Wildcat~~ - Bone Spring	State, Federal or Fee Federal	LC-063516

Location
Unit Letter N ; 660 Feet From The S Line and 1980 Feet From The W

Line of Section 10 Township 21S Range 28E , NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
UPG, Inc.	Box 3339 Abilene, TX 79604
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
No Contract	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	10	21	28	No	

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

III. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5/13/84	6/9/84	9225'	--
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3307 Gr	Bone Spring	6276	6362
Perforations			**Depth Casing Shoe**
6276 - 96			6425

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13 3/8"	360'	400 sx
11"	9 5/8"	2648'	950 sx
7 7/8"	4½"	6425'	400 sx
	2 7/8		

IV. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6/10/84	6/15/84	flow and swab	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	110	700	open
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
142	57	85	295

Pool IJ-2 6-29-84 Comp + BK

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

V. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Julie Jeffrey (Signature)

Operations Clerk (Title)

6/20/84 (Date)

OIL CONSERVATION DIVISION

APPROVED JUN 25 1984, 19 ____

BY Original Signed By Leslie A. Clements Supervisor District II

TITLE _____

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.