_							
	NO. OF COTTO F / 1 / 1		÷'				
-	DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMM DN	For a City			
- [SANTALI	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-11			
Ī	FILE		AND	Effective 1-1-65			
Ì	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	4S			
1	LAND OFFICE	AUTHORIZATION TO TRA	HOLOKY OIE MILD WILDING				
ŀ	TRANSPORTER GAS	L DEVIATION SU	RUEYS - BACK SIDE Y	REDEIVED			
ļ	OPERATOR /	•	1	JUL 9 1975			
1.	PRORATION OFFICE						
	AMOCO PRODUCTION COMPANY. Address ARTEBIA, OFFICE						
	BOX 367, ANDREWS, TEXAS 79714						
Ì	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New We!l Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate						
į	If change of ownership give name						
	and address of previous owner						
11.	DESCRIPTION OF WELL AND I	LEASE Well No.; Pool Name, Including Fo	ermation Kind of Lease	Lagse No.			
	OLD INDIAN DRAW UNIT FE	4 1		or Fee FED 0415688			
	Unit Letter T ; 1980 Feet From The South Line and 660 Feet From The EAST						
	Line of Section 18 Tow	mship & 2-5 Range	28-E , NMPM, ED	DY County			
				Č.			
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address to which approv	ed corv of this form is to be sent)			
	Name of Authorized Transporter of Oil	or Condensate	B. 1182 1/2-	21/17			
	THE TERMIAN	ORP (TRUCKS)	Address (Give address to which approv	or corb of this form is to be sent)			
	Name of Authorized Transporter of Cas	inghedd Gas or Dry Gas	Address (Give edgress to which approve	in the copy of this joint to to to territy			
	at all and are all or liquids	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n .			
	If well produces oil or liquids, give location of tanks.	J 18 22 28	No				
		if this production is commingled with that from any other lease or pool, give commingling order number:					
	If this production is commingled wit	in that from any other lease or poor,					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Resty. Diff. Resty			
	Designate Type of Completic	on = (X)	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	5- 15-75	6-1-75	3463'	3411			
		Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	1 · · · · · · · · · · · · · · · · · · ·	3316	3330			
	3083 G L	DELAWARE	0010	Depth Casing Shoe			
	Perforations 3463						
	3316-26 W/2JSPF. TUBING, CASING, AND CEMENTING RECORD						
				SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				
	12/4	8 3/8	380	380 Cuc			
	77/2.	5 1/2 "	3463	100 cms (1833)			
	1-1-0	1	<u> </u>	-			
				<u> </u>			
	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 all:						
V.	able 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 li	ft, ets.)			
		7-7-75	Vm D				
	6-1-75	Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test						
		Oll-Bhis.	Water - Bbls.	Gas - MCF			
	Actual Prod. During Test	OII-BEIS.	61	TSTM			

79

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

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 to true and complete to the best of my knowledge and belief.

O+ 3- Nmoce-Ar
0+ 3- Nmoce-Ar

1-DIV

1-505P

2- Perry Base-my

1- 0B Puryears

1. marathon mis 1-JE Leanch

OIL CONSERVATION COMMISSION

JUL 1 0 1975 APPROVED

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 deepend 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. H. III, and VI for changes of owner well name or number, or transporter, or other such change of conditions

Separate Forms C-104 must be filed for each pool in multiple completed wells.

DEVIATION SURVEYS

DEPTH	DEGREE		
430 -	1.1/4		
672- 1395 -	4/2	1144-	2/4
1457-	#1		
1551 -	6 -		
1581-	7 -		
1620-	6 -		
1646 -	57 ₂		
1677-	5 %		
1709-	6 -		
1865 -	61/2		
2085-	6 -		
2180-	\$ ~		
2242-	3/6		
2305-	2/8		
2358 L	212		
24 30 -	ži.		
2493-	2 "		,
2556 -	2 "		
7683.	1/2		
2778 ~	1 -		
2873-	F		
3061 -	1		

The above are true to the best of my knowledge.

- Xuy C (Jorkson) JUL 7 1975

ADMINISTRATIVE ASSISTANT AMOCO PRODUCTION COMPANY

Swarn & subscribed to this dale, July, 7, 1975

Notary Hurlic In & For annews Co. D.

My CommissioN ExPERS 6-1-77