·	NO. OF COPIES RECEIVED 4 DISTRIBUTION 1 SANTA FE 1 FILE 1 U.S.G.S. 1 LAND OF FICE 1 I RANSPORTER 01L 1 GAS 1	REQUEST	CONSERVATION COMM. ON T FOR ALLOWABLE AND CANSPORT OIL AND NATURAL GAS RECEIVED SED 0.4. 1075		
	OPERATOR ! SEP 2.4 1975				
1.	Operator AMOCO PRODUCTION (O. C. C. ARTESIA, OFFICE			
	BOX 367, ANDREWS, TEXAS 79714				
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership		s [0	^{plain)} 1000 BU Ta	est ALLOWABLE"
	f change of ownership give name and address of previous owner				
11.	Location	Well No. Pool Name, Including Fo	. Delaware st	nd of Lease ate, Federal or Fee	V7/57V1
		30 Feet From The NORTH Line			AST
	Line of Section 8 Tow	nship 22-S Range 2	<u>8-Е</u> , NMFM,	<u></u>	Eddy County
m.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Aidress (Give address to u	hich approved copy	of this form is to be sent)
		(TRUCKS) Permian (Eff. 9 / 1	Address (Give address to u	hich approved copy	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. J 18 22 28	Is gas actually connected? When No TSTM		
IV.	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA				
	Designate Type of Completio	n = (X) Oil Well Gas Well X	New Well Workover	Deepen Plug B	ack Same Restv. Diff. Restv.
	Date Spudded 8-22-75	Date Compl. Ready to Prod. 9-19-75	Total Depth 3452'	P.B.T.	D. 3412'
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation Delaware	Top Oil/Gas Pay 3278	Tubing	Depth 3300
	3093 Perforations 3278'- 3295'	P DIA POICE		Depth (Casing Shoe 名山てフ
	TUBING, CASING, AND CEMENTING RECORD				5756
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		350 SX Gre
	7 7/8 "	5 1/2 "	3452'		1000 sx
		······································			
V.	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 allo DIL WEIL able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks 9-16-75	Date of Test 9-19-75	Producing Mothod (Flow, pump, gas lift, etc.)		~ 100
	Length of Test	Tubing Pressure	Casing Pressure	Choke	Size
	24 Hours	Oll-Bbis. 90	Water-Bbls. 57	- Gas-M	
		40	2 /		TSTM
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity	of Condensate
	Testing Method (pitot, back pr.)	Tubing Preesure (Shut-in)	Casing Pressure (Shut-in) Choke	Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION SEP 25 1975		
	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.		APPROVED U. A. Susset		
	above is true and complete to the	TITLE SUPERVISOR, DISTRICT II			
07	3, NMOCC-ART	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 c 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 allow-			
	1-SMSP (Tit 1-RRY 9-2	All sections of this form must be filled but completely for allow- she on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,			
	I-MARATHON I-MARATHON	Fill out only Sections 1, 11, 11, and Villor 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.			