

NO. OF COPIES RECEIVED		1
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

<DEVIATION SURVEYS - ATTACHED>

RECEIVED

AUG 12 1976

I. Operator  
**AMOCO PRODUCTION COMPANY**  
Address  
**P.O. DRAWER A, LVELLAND, TEXAS 79336**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 10-10-76  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED**  
If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>OLD INDIAN DRAW UNIT</b>	Well No. <b>12</b>	Pool Name, Including Formation <b>INDIAN DRAW DELAWARE</b>	Kind of Lease State, Federal or Fee <b>FED</b>	Lease No. <b>NM 0415688-1</b>
Location Unit Letter <b>E</b> ; <b>1658</b> Feet From The <b>NORTH</b> Line and <b>794</b> Feet From The <b>WEST</b> Line of Section <b>18</b> Township <b>22-S</b> Range <b>28-E</b> , NMPM, <b>EDDY</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>THE PERMIAN CORP. (TRUCKS)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1183 HOUSTON, TEXAS</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>PERMAN</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1183 HOUSTON, TEXAS</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>18</b>	Twp. <b>22</b>	Rge. <b>28</b>	Is gas actually connected? <b>NO</b>	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded <b>7/17/76</b>	Date Compl. Ready to Prod. <b>8/2/76</b>	Total Depth <b>3450'</b>	P.B.T.D. <b>3405'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3092.55 RDB</b>	Name of Producing Formation <b>DELAWARE</b>	Top Oil/Gas Pay <b>3215'</b>	Tubing Depth <b>3249'</b>					
Perforations <b>3215' - 3239'</b>		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE <b>14 3/4"</b> <b>7 7/8"</b>	CASING & TUBING SIZE <b>10 3/4"</b> <b>5 1/2"</b>	DEPTH SET <b>393'</b> <b>3450'</b>	SACKS CEMENT <b>450 SX</b> <b>800 SX</b>
--	---	--	--

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL **34.43 Acres, #850**

(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)

Date First New Oil Run To Tanks <b>8/2/76</b>	Date of Test <b>8/10/76</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>148</b>	Oil-Bbls. <b>145</b>	Water-Bbls. <b>3</b>	Gas-MCF <b>6</b>

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

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

013 NMCC-AAT  
1-DIV  
1-Susp  
1-RC  
1-JEL  
1-JMG  
1-Marathon  
2-Base

**Ray W. Cox**  
Administrative Assistant

(Title)

**8-11-76**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 12 1976**

BY **W.A. Gressett**  
TITLE **SUPERVISOR, DISTRICT II**

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.

# INCLINATION REPORT

OPERATOR Amoco Production Company ADDRESS P. O. Drawer A, Levelland, Texas 79336


LEASE Old Indian Draw WELL NO. 12 FIELD

LOCATION 330' FN & EL Lot 7, Section 18, T-22S, R-28E, Eddy County, New Mexico

Depth	Angle (Inclination 'degrees)		Displacement	Displacement Accumulated
391		3/4	5.1221	5.1221
629	1	1/4	5.1884	10.3105
848	1		3.8325	14.1430
1098	1	1/2	6.5500	20.6930
1347	2	1/2	10.8564	31.5494
1410	2	1/2	2.7468	34.2962
1593	3		9.5709	43.8671
1627	3	1/2	2.0740	45.9411
1721	3	3/4	6.1476	52.0887
1816	4	1/4	7.0395	59.1282
1878	4	1/4	4.5942	63.7224
1938	4		4.1880	67.9104
2002	4		4.4672	72.3776
2033	4	1/4	2.2971	74.6747
2065	4		2.2336	76.9083
2104	3	3/4	2.5506	79.4589
2168	3	1/2	3.9040	83.3629
2294	3		6.5898	89.9527
2566	2	1/2	11.8592	101.8119
2919	1		6.1775	107.9894
3410		1/2	4.2717	112.2611
3450		1/2	.3480	112.6091

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Company

By:   
Title: Ken Hedrick, Drilling Superintendent

Affidavit:


Before me, the undersigned authority, appeared Ken Hedrick known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

  
(Affiant's Signature)

Sworn and subscribed to in my presence on this the 29th day of July

19 76

MY COMMISSION EXPIRES MARCH 1, 1980

  
Notary Public in and for the County  
of Lea, State of New Mexico

Seal