

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRODUCTION OFFICE		

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

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

RECEIVED

JAN 11 1977

AMOCO PRODUCTION COMPANY		O. C. C.
Address		ARTESIA, OFFICE
P.O. DRAWER A, LEVELLAND, TEXAS 79336		

Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS NOT BE PLANNED WITH 3-3-77 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	
Recompletion	<input type="checkbox"/>	Oil		<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas		<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
OLD INDIAN DRAW UNIT	13	INDIAN DRAW DELAWARE	State, Federal or Fee FEDERAL	NM-045688-A
Location				
Unit Letter	D	Feet From The NORTH	Line and 794	Feet From The WEST
Line of Section	18	Township	22-S	Range 28-E, NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
THE PERMIAN CORPORATION		Permian (Eff. 9/1/87)		P.O. Box 3119 MIDLAND, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	J	18	22	28
				Is gas actually connected? NO
				When

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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X		X					
Date Spudded	12-7-76	Date Compl. Ready to Prod.	1-7-77	Total Depth	3450'	P.B.T.D.	3408'		
Elevations (DF, RKB, RT, GR, etc.)	3091.9	Name of Producing Formation	DELAWARE	Top Oil/Gas Pay	3246'	Tubing Depth	3282'		
Perforations	3246' - 3270'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	400'	2505x - CIRC
7 7/8"	5 1/2"	3444'	7755x - Top Cmt 460'

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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	1-2-77	Date of Test	1-7-77	Producing Method (Flow, pump, gas lift, etc.)	Pump
Length of Test	24 hrs.	Tubing Pressure	-	Casing Pressure	-
Actual Prod. During Test	77	Oil - Bbls.	70	Water - Bbls.	7
				Gas - MCF	2

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

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.

4-NMCCC-Art	Lay W. Cox
1-Div	(Signature)
1-Susp	Administrative Assistant
1-Rec	(Title)
2-Bass	1-7-77
1-MARATHON	(Date)

OIL CONSERVATION COMMISSION	
APPROVED	JAN 12 1977
BY	W. L. 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 deviated 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 re-completed 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.

INCLINATION REPORT

OPERATOR Amoco Production Co. ADDRESS P.O. Drawer A *Levelland Tex*
 LEASE Old Indian Draw WELL NO. #13 FIELD 7933C
 LOCATION 660' FNL, 330' FEL Lot 6 Sec. 18. T-18, T-225, R-28E

Depth	Angle Inclination (degrees)	Displacement	Displacement Accumulated
400	1 1/2	3.4800	3.4800
611	1 1/2	5.5282	9.0082
795	1 3/4	5.6120	14.6202
900	2	3.6645	18.2847
1009	3 1/4	6.1803	24.4650
1101	3 3/4	6.0168	30.4818
1170	4	4.7610	35.2428
1222	3 3/4	3.4008	38.6436
1281	4	4.1182	42.7618
1342	4 1/2	4.7885	47.5503
1403	4	4.2587	51.8081
1493	4 1/2	7.0650	58.8731
1584	3 3/4	5.9514	64.8245
1676	3 3/4	6.0168	70.8413
1765	4 1/4	6.5949	77.4362
1858	4	6.4914	83.9276
1953	4 1/4	7.0395	90.9671
2044	4	6.3518	97.3189
2097	3 1/4	3.0051	100.3240
2188	3	4.7593	105.0833
2315	2 3/4	6.0960	111.1793
2467	2 3/4	7.2960	118.4753
2616	2 1/2	6.4964	124.9717
2891	2	9.5975	134.5692
3118	1 3/4	6.9235	141.4927
3450	1 1/2	8.6984	150.1911

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

Ken Hedrick
Ken Hedrick, Drilling Superintendent
Title:

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.

Ken Hedrick
 (Affiant's Signature)

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

December 1976.