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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

RECEIVED

MAY 10 1977

O. C. C.
ARTESIA, OFFICE

Operator: Amoco Production Company

Address: P.O. Drawer A, Levelland, Texas 79336

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 7-1-77 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
OLD INDIAN DRAW UNIT	19	INDIAN DRAW DELAWARE	FEE	

Location: Unit Letter K ; 1657 Feet From The SOUTH Line and 1750 Feet From The WEST

Line of Section 7 Township 22-S Range 28-E, 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)
THE PERMIAN CORPORATION	P.O. Box 3119 Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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.	Is gas actually connected?	When
	J	18	22	28	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-31-77	5-2-77	5900	3654
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3092.3 GR	DELAWARE	3308	3390
Perforations			**Depth Casing Shoe**
3308'-36			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	433	280 SX
7 7/8"	5 1/2"	3698	760 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 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.)	
4-25-77	5-2-77	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HRS			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
171	151	20	TSTM

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.

4-NMOCC, ART
1-DIV
1-RC
1-MARATHON
2-BASS

Alla V. Hedley
(Signature)
Senior Staff Assistant
(Title)
5-9-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 12 1977, 19__

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.