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TRANSPORTER OIL	/	
TRANSPORTER GAS		
OPERATOR	/	
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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-116
Effective 1-1-65

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AUG 5 1977

O. C. C.
ARTESIA, OFFICE

I.

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 10-1-77 ✓
EXCEPTION TO Rule 306
Exp. 12-7-33

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	Lease No.
OLD INDIAN DRAW UNIT	35	INDIAN DRAW DELAWARE	State, Federal or Fee FEE	

Location

Unit Letter I ; 1663 Feet From The SOUTH Line and 963 Feet From The EAST

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)
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 Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-29-77	7-26-77	3450	3407
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3099.2 GR.	DELAWARE	3333	3390
Perforations			**Depth Casing Shoe**
3333 - 3345			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	396	300 SX, CIRC 30 SX.
7 7/8"	5 1/2"	3450	635 SX. CIRC 100 SX
	2 3/8" TBG	3390	

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.)	
8-1-77	8-2-77	PUMP	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HR.	—	—	—
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
64 BBL	34	30	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.

Kenneth Brand
(Signature)
Senior Staff Assistant
(Title)
8-4-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 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.

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