DISTRIBUTION		
SANTA FE	1	
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER — OIL	1	
TRANSPORTER — GAS	1	
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-11
Effective 1-1-65

RECEIVED
JAN 16 1980
O. C. D.
ARTESIA, OFFICE

Operator: Amoco Production Company

Address: P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [X]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain): Name changed to Ingalls #1 from Ingalls Gas Com. #1.

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

CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-1-80 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease: State, Federal or Fee	Lease No.
Ingalls	1	~~Wildcat~~ Bone Springs	Fee (E.H. 2386)	

Location: Unit Letter G : 1650 Feet From The North Line and 1980 Feet From The East

Line of Section 22 Township 23-S, Range 28-E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P. O. Box 1183, Houston, TX 77001

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	22	23	28	No	

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'v.	Diff. Res'v.
	✓	~~X~~				X		X

Date Spudded OC	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-8-79	1-7-80	13187'	9863'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3540.4 GR	Bone Springs	9600'	9535'

Perforations: 9600-9732

Depth Casing Shoe:

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	Existing Casing Not Altered		

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.)	
1-3-80	1-7-80	Flowing	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	2700#		13/64

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
93	93	0	507

add perfs

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
		-	

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.

0+4 NMOCD-A, 1-Hou, 1-Susp, 1-BD, 1-G. Ethridge

Bob Davis
(Signature)

Assistant Administrative Analyst
(Title)

1-15-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 28 1980, 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.