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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-1
Effective 1-1-65

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I.

Operator: Amoco Production Company ✓

Address: P. O. Box 68, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
- New Well [X]
- Recompletion [X]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain): Request Permission to Produce from Atoka

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

II. DESCRIPTION OF WELL AND LEASE R-7322 8/1/83

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal AI Com.	1	~~Wildcat~~ Atoka (SALT DRAW)	State, Federal or Fee Federal	NM-25953

Location: Unit Letter J; 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 34 Township 24-S Range 28-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
None	
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
Llano	P. O. Box 1320, Hobbs, NM 88240

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	3-8-82

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		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-13-80	3-1-82	13619	13100

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3006.9 GL	Atoka	12044	2 3/8" 12043 w/Rbr @ 10804

Perforations	Depth Casing Shoe
12044-12051	12309

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26	20	407	960 Cl C
17-1/2	13-3/8	2487	2240 lite, 300 Cl C
12-1/4	9-5/8	9900	2760 Lite, 300 Cl H
8-1/2	7-5/8	9387-12309	100 lite
6	4-1/2	11798-13618	250 Cl G

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.)	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**

Posted ID-2 + Comp. Book (Deepened) 4-23-82

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1055	24 hr.	0	
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Flow		1000	32/64

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.

Mark Freeman
(Signature)
Assist. Admin. Analyst
(Title)
4-1-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 19 1982, 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.