STATE OF NEW MEXICO			Form C-104
RGY AND MIDERALS DEPARTMENT	OU CONSERVA	TION DIVISION	Revised 10-1-78
00 82 607-12 PACETAR	P, O, BO		μ.,
BANTA TT	SANTA FE, NEV	V MEXICO 87501	RECEIVED
LAND DFFICE	REQUEST FOR	R ALLOWABLE	AUG 2 0 1980
THANSPORTER OLL		ND	
PADAATION OFFICE	AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS T	O. C. D.
Cperator			ARTESIA, OFFICE
Amoco Production Comp	any		
	s. NM 88240		
Kesson(s) for filing (Check proper to	s, <u>111_006_10</u>	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oll Dry Ga Casinghead Gas Conder		, Attached
Change In Ownership			
If change of ownership give name and address of previous owner			
•	· · ·		
DESCRIPTION OF WELL AND	Wall No Dool Name Including E	ormation R-6698 Kind of Leas	to Loase No.
State IC Com.	BALDEIDGE CA	GAS State, Feder	ul or Foo State LG 5417
Location			
Unit Letter <u> </u>	O Feet From The North Lin	ne and <u>1980</u> Feet From	TheWest
	ownship 24-S Range 2	5-E , NMPM, Eddy	County
Line of Section / To	Jwasnip LT-J Runge L	C , AMERIN, LUUY	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	IS	nued conv of this form is to be sent
Name of Authorized Transporter of C	11 or Condensate	Address (Give address to which appri	uura ropy of this form is to be sentf
Name of Authorized Transporter of Co	asinghead Gas 📄 or Dry Gas 🕅	Address (Give address to which appro	oved copy of this form is to be sent)
El Paso Natural Gas Cor		P.O. Box 1492, E1 Paso	
If well produces oil or liquids,	Unit Sec. Twp. Rge.		hen
give location of tanks.		Ves	10-1-80
	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Yell Workover Deepen	Plug Back Same Hesty, Diff. Resty
Designate Type of Completi	ion = (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-27-80	7-30-80 Name of Producing Formation	10950' Top Oil/Gas Pay	10907 ¹ Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) 4036.8 RDB	Morrow	10830'	10.708
Perforations			Depth Casing Shoe
10830'-10842			10949
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	355'	450 SX Class C
12-1/4"	9-5/8"	2602 '	1450 Lite; 600 Class C
8-3/4"	5-1/2"	10949'	2050 Lite; 550 Class C
	2748	10708	
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test muss be a able for this de	fter recovery of total volume of load of epth or be for full 24 hours)	l and must be equal to or exceed top allow
OIL WELL Dete First New Oil Run To Tenks	Date of Test	Producing Kiethod (Flow, pump, gas)	lift, etc.)
			Choxe Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oll-Bbis.	Water - Bbls.	Gas - MCF

GAS WELL	Leasth of Test	Bbla, Condensata/AMCF	Gravity of Condensate
Actual Fred. Test-MCF/D 1970	Length of Test 24 hrs.		
1970 Testing Mothod (pitol, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
Flowing			23/64
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	
	المعاملين وروم الم	APPROVED OCT 8	21980
I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given		1. A Arissett	
sbove is true and complete to th	e best of my knowledge and belief.	BY SUPERVISOR	DISTRICT II
		TITLE	Maria Malai de
0+4-NMOCD, A 1-Hou	I 1-Susp 1-LBG	This form is to be filed in	compliance with BULE 1104.
1-W. Stafford, 1-Moncrief		are the two accuration attomation for a newly dilled or deepens	
(Signature)		well, this form must be accompanied by a fublishing of the deviation of the deviation of the well in accordance with AULE 111.	
Administrative Analyst		All sections of this form must be filled out completely for allow	
(1::!*) 8-18-80		able on new and recompleted -	IT III and VI for changes of owner
· · · · · · · · · · · · · · · · · · ·	-00	well name or number, or transpo	det of other sectored to the termine
		Separato Forms C-104 mu completed wells.	at be filled for each pool in multipl