Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
OCT 12 '89
O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 1-1-89
See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Amoco Production Company	Well API No.: 30-015-23202
Address: P.O. Box 3092 Houston, TX 77253	

Reason(s) for Filing (Check proper box)
- New Well [ ]
- Recompletion [X]
- Change in Operator [ ]
- Other (Please explain) [ ]

Change in Transporter of:
- Oil [ ] Dry Gas [ ]
- Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State IC Com	1	Mosley Canyon Strawn	State, Federal or Fee	LG-5417

Location: Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line

Section 7 Township 24-S Range 25-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)
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent): P.O. Box 1492 El Paso, TX 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					yes	

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
		✓				✓		✓

Date Spudded	Date Compl. Ready to Prod.: 10-2-89	Total Depth: 10950'	P.B.T.D.: 10595'
Elevations (DF, RKB, RT, GR, etc.): 4022.2 GL	Name of Producing Formation: Strawn	Top Oil/Gas Pay: 9468'	Tubing Depth: 9363'
Perforations: 9468'-9472'; 9478'-9500'; 9566'-9570'; 9733'-9738'. 9764'-9770'			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	355	450
12 1/4"	9 5/8"	2602	2050
8 3/4"	5 1/2"	10949	2600
	2 3/8"	9363	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL *(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.)*

Date First New Oil Run To Tank	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

GAS WELL

Actual Prod. Test - MCF/D: 250	Length of Test: 24 hrs	Bbls. Condensate/MMCF: 0	Gravity of Condensate: —
Testing Method (pitot, back pr.): Flow	Tubing Pressure (Shut-in): Flowing -- 500	Casing Pressure (Shut-in): 0	Choke Size: 10/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Amelia Hartman
Signature
Amelia Hartman Asst Admin Analyst
Printed Name — Title
10-6-89 — (713) 584-7442
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved: OCT 17 1989

By: ORIGINAL SIGNED BY MIKE WILLIAMS

Title: SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 ...