

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	
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-1
Effective 1-1-85

RECEIVED

JUL 8 1982

O. C. D.

ARTESIA, OFFICE

Operator Amoco Production Company	
Address P. O. Box 68, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Other (Please explain) Request Allowable to Produce-Perf. 9996'-10002	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal BL	Well No. 1	Pool Name, including Formation Wildcat Atoka	Kind of Lease State, Federal or Fee Federal	Lease No. NM-28636
Location				
Unit Letter B	300	Feet From The North	Line and 2600	Feet From The East
Line of Section 17	Township 23-S	Range 24-E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P. O. Box 1183, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P. O. Box 1492, El Paso, Texas
If well produces oil or liquids, give location of tanks.	Unit B
	Sec. 17
	Twp. 23
	Rge. 24
	Is gas actually connected? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	When 6-30-82

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 <input type="checkbox"/>	Gas well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 6-12-81	Date Compl. Ready to Prod. 2-15-82	Total Depth 10933	F.B.T.D. 10365					
Elevations (DF, RKB, RT, GR, etc.) 4239 RDB	Name of Producing Formation Atoka	Top Oil/Gas Pay 9996	Tubing Depth 9894					
Perforations 9996'-10002 4 JSPF			Depth Casing Shoe 10900					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	403	600 C1C 87 C1H					
12-1/4	9-5/8	2433	1300 C1C					
8-3/4	5-1/2	10900	1500 C1H					

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 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

Tested ID
Comp. Port
7-16-82

GAS WELL

Actual Prod. Test-MCF/D 5500	Length of Test 24 hr.	Bbls. Condensate/MMCF 2.5	Gravity of Condensate
Testing Method (pilot, back pr.) Flow	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.

Mark Freeman
(Signature)
Assist. Admin. Analyst
(Title)
7-6-82
(Date)

OIL CONSERVATION COMMISSION	
JUL 12 1982	
APPROVED	19
BY <u>W.A. Gressett</u>	
TITLE <u>SUPERVISOR, DISTRICT II</u>	
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.	