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NEW MEXICO OIL CONSERVATION COMMISSION **RECEIVED**
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS **MAR 16 1982**
O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-85

I.

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:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fate	Well No. 1	Pool Name, Including Formation South Culebra Bluff Atoka	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter N	910	Feet From The South	Line and 1980	Feet From The West	
Line of Section 34	Township 23-S	Range 28-E	NMPM,	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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)					
EI Paso Natural Gas Co.	P. O. Box 1492, El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	3-11-82

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 Restv.	Diff. Restv.
		X	X					
Date Spudded 7-24-81	Date Compl. Ready to Prod. 1-2-82	Total Depth 12355	F.B.T.D. 12105					
Elevations (DF, RKB, RT, GR, etc.) 3057.9 RDB	Name of Producing Formation Atoka	Top Oil/Gas Pay 11683	Tubing Depth 11569					
Perforations 11683-90, 11764-68			Depth Casing Shoe 12150					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20	16	403	420
14-3/4	10-3/4	2430	2800
9-1/2	7-5/8	9890	2150
5-1/2	5-1/2	9375-12150	300

V. TEST DATA AND REQUEST FOR ALLOWABLE **2-3/8** **11569**
Note: must be after recovery of lost volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours

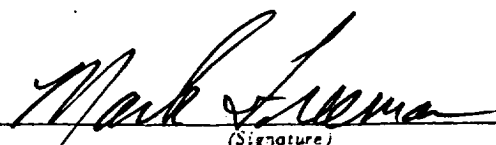
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1346	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) Flowing	Tubing Pressure (Shut-in) 600	Casing Pressure (Shut-in)	Choke Size 20/64

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.


(Signature)

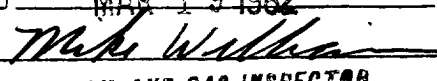
Assist. Admin. Analyst

(Title)

3-15-82

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 19 1982**, 19
BY 
TITLE **OIL AND GAS INSPECTOR**

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.