Reason(s) for Filing (Check proper box	OIL CONSERV P.O. Santa Fe, New REQUEST FOR ALLOW TO TRANSPORT (ources, Inc. /	VATION DIVISION Box 2088 Mexico 87504-2088 ABLE AND AUTHORIZET OIL AND NATURATIONS O	N N
New Well X Recompletion	Change in Transporter of: Oil Dry Gas Caringhead Gas Condensate		AFTER 12/25/89
If change of operator give name and address of previous operator		Liness	AN EXCEPTION TO:
<u>II. DESCRIPTION OF WEL</u>			S OBTAINED
Lease Name RGA Location Unit Letter K	Weil No. Pool Name, Incl 1 Undesi	ignated Delaware	Kind of Lease No. State, Federal or Fee Fee
		South Line and 2180	Feet From TheLine
	NSPORTER OF OIL AND NAT	URAL GAS	ddy County
Amoco Corporation			around copy of this form is to be sens) alandy Texas 79702 Turn 11/6
Name of Authorized Transporter of Cas	inghead Gas / X or Dry Gas	Address (Give address to which any	rowed copy of this form is to be sent) 71/12
El Paso Natural 601	Unental Mat. Gas	Box 1492, El Paso,	Texas 79978
give location of tanks.	Unit Sec. Twp. Rg K 14 23S 28E		When ?
If this production is commingled with the IV. COMPLETION DATA	if from any other lease or pool, give commin		-9-16-89 9-38 8?
Designate Type of Completion	Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same Erry Hiff Res'v
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	
7-20-89	8-18-89	6250'	P.B.T.D. 6186.'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3014' RKB Perforations	Delaware	6080'	5976.
2 SPF 6080-616	9', 48 holes		Depth Casing Store
		CEMENTING RECORD	6250'
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u> 12 1/4" </u>	8 5/8"	515'	400 sx. circulated
770	5 1/2"	6250'	2480 sx. circulated
	275	5076	10-29-89
V. TEST DATA AND REQUE			comp + BIS
DIL WELL (Test must be after s Date First New Oil Run To Tank	recovery of total volume of load oil and musi Date of Test		
<u>8-18-89</u>		Producing Method (Flow, pump, gas	yı, «ıc.j
Length of Test	8-28-89 Tubing Pressure	Flow Casing Pressure	Choke Size
24 hours	945#	860#	
Actual Prod. During Test	Oil - Bols.	Water - Bblk	<u>14/64"</u> Gas- MCF
	184	72	261
GAS WELL Actual Prod. Test - MCF/D			
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condennate
esting Method (pilor, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
L OPERATOR CERTIFIC	ATE OF COMPLIANCE		
I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIVISION	
Division have been complied with and t is true and complete to the pest of my to	hat the information given above		SEP 2 9 1989
		Date Approved	UE1 & J 1003
_M.ILH.	19-11		
Signature	/	By ORIC	<u>GINAL SIGNED BY</u>
H. Ric Hedges	Vice President Tide		E WIEDAMS Epvisor, district if
9-12-89	918-582-4242	Title	
Date	Telephone No.		

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 account 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 must be filed for each pool in multiply completed wells.

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