

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

SEP 18 1991

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company		Well API No. 30-015-26683
Address P. O. Box 3092, Houston, TX 77253		
Reason(s) for Filing (Check proper box) Other (Please explain)		
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 Operator	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name McClary	Well No. 1	Pool Name, including Formation Loving Delaware, East	Kind of Lease State-Federal Fee	Lease No. 186578
Location				
Unit Letter L	2074	Feet From The South	Line and 444	Feet From The West
Section 22	Township 23-S	Range 28-E	NMPM	Eddy
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, TX 79604				
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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. Test Tank	Unit J	Sec. 22	Twp. 23-S	Rgn. 28-E	Is gas actually connected? Yes	When? 9/12/91

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/14/91	Date Compl. Ready to Prod. 9/11/91	Total Depth 6307'		P.B.T.D. 6268'				
Elevations (DF, RKB, RT, GR, etc.) 3028.1' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay Top: 6085', Bot: 6179'		Tubing Depth 5700' 6188.5				
Perforations 6085'-6114', 6131'-6146', 6165'-6179'				Depth Casing Shoe 6307'				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	568'	550 Sx Class C
7-7/8"	5-1/2"	6307'	2300 sx Class H Poz
	2-7/8"	5700'	

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 9/12/91	Date of Test 9/12/91	Producing Method (Flow, pump, gas lift, etc.) Flowing	Post ID-2 10-18-91
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure 250	Choke Size comp 4 BK
Actual Prod. During Test	Oil - Bbls. 115	Water - Bbls. 230	Gas- MCF 115

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Signature
Kim A. Colvin Asst. Admin. Analyst
Printed Name
9/11/91 Title
713/ 596-7686
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 18 1991

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.

ORIGINAL SIGNED BY
MIKE WILLIAMS
SHERBORNE DISTRICT N
H TOWNSHIP, ROCHESTER