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OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND **RECEIVED GAS**

Form C-104
Supersedes Old C-104 and C-1.
Effective 1-1-65

SEP 17 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 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 checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Other (Please explain) Request allowable to produce Atoka.	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Williams Gas Com	Well No. 1	Pool Name, including Formation Und. Atoka	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter C, 560 Feet From The North Line and 1980 Feet From The West Line of Section 25 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)	
El Paso Natural Gas	P. O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge. Is gas actually connected? When

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'tv.	Diff. Res'tv.
		X				X		X
Date Spudded 9-10-78	Date Compl. Ready to Prod. 9-15-82	Total Depth 13026	P.B.T.D. 12400					
Elevations (DF, RKB, RT, GR, etc.) 2988.8 GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 11890	Tubing Depth 11890					
Perforations 11890'-11904'			Depth Casing Shoe 13026					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20	16	395	500 C1 C					
14-3/4	10-3/4	2626	1600 lite, 2000 C1 C					
9-1/2	7-5/8	11448	2100 lite, 350 C1 H					
7	5	9825'-13026'	475 C1 H					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

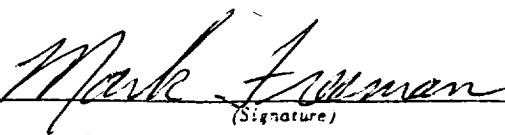
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 243	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) Flowing	Tubing Pressure (Shut-in) 275	Casing Pressure (Shut-in)	Choke Size 25/64

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)
9-15-82
(Date)

OIL CONSERVATION COMMISSION

APR 26 1983

APPROVED _____, 19____
BY _____
Original Signed By
Leslie A. Clements
Supervisor District II
TITLE _____

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.