

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

SEP 16 1982

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	

Operator
Wood & Locker, Inc. ✓

Address

600 Energy Square, 505 N. Big Spring, Midland, Texas 79701-8602

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11/23/82
UNLESS AN EXCEPTION TO RULE 304
IS OBTAINED
SR # 2-647 until 2-15-83
P. C. O. D. M. M.If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco Federal	Well No. 1	Pool Name, including Formation Wildcat - 1st	Kind of Lease State, Federal or Fee Federal	Lease No. NM 13989
Location				
Unit Letter A	660	Feet From The North	Line and 990	Feet From The East
Line of Section 26	Township 25-S	Range 27-E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 26	Twp. 25S	Rge. 27E	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'v.	Diff. Res'
	X		X					
Date Spudded 9-28-81	Date Compl. Ready to Prod. 7-21-82	Total Depth 7670'	P.B.T.D. 6025'					
Elevations (DF, RAB, RT, CR, etc.) 3075' GR, 3087' RKB	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 5877'	Tubing Depth 5912'					
Perforations 5877-5885' & 5920-5949'	Depth Casing Shoe 7421'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20"	16" Cond.	40'	35'					
11"	8-5/8" Casing	2314'	900'					
7-7/8"	4-1/2" Casing	7421'	1165'					
	2-3/8" Tubing	5912'	-					

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 all-
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-22-82	Date of Test 8-9-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	Post-50-2 10-1-82 6000 + RKB
Length of Test 24 Hrs	Tubing Pressure ---	Casing Pressure 15 psig	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 25	Water-Bbls. 140	Gas-MCF 110

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. 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.

D. M. Johnson

(Signature)

Drilling & Production Manager

(Title)

September 8, 1982

(Date)

OIL CONSERVATION DIVISION

SEP 30 1982

APPROVED

BY Original Signed By
Leslie A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen
well, this form must be accompanied by a tabulation of the deviate
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-
well name or number, or transporter, or other such change of condition.Separate Forms C-104 must be filed for each pool in multi-
completed wells.