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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501O. C. D.
SANTA FE OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

I.

Operator Amoco Production Company ✓

Address P.O. Box 4072, Odessa, Texas 79760

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> 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	

If change of ownership give name
and address of previous owner _____**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Federal BF Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat Wolfcamp</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-19612</u>
Location				
Unit Letter <u>F</u>	<u>1650</u>	Feet From The <u>North</u>	Line and <u>1980</u>	Feet From The <u>West</u>
Line of Section <u>29</u>	Township <u>26-S</u>	Range <u>30-E</u>	<u>NMPM,</u>	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Koch Oil Company</u>	<u>P.O. Box 1558, Breckenridge, Texas 76024</u>
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)
<u>Conoco Inc.</u>	<u>P.O. Box 460, Hobbs, NM 88240</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>F 29 26-S 30-E</u>	<u>Yes 8-6-87</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCEI hereby certify that the rules and regulations of the Oil Conservation Division have
been complied with and that the information given is true and complete to the best of
my knowledge and belief.O. M. Mitchell
(Signature)

Senior Administrative Analyst

(Title)

8-12-87

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 30 1987, 19 _____BY Original Signed By
Mike Williams
TITLE Oil & 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 allow-
able 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 filled for each pool in multiply
completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 5-28-82	Date Compl. Ready to Prod. 12-2-82	Total Depth 14,418		P.B.T.D. 12,852					
Elevations (DF, RKB, RT, CR, etc.) 2959.7 GL	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 11,680		Tubing Depth 11,558					
Perforations 11,680-90, 11,694-700, 11,898-918							Depth Casing Shoe 13,599		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
26"	20"		395		900 SX Class C				
17 1/2"	13 3/8"		3,260		3150 SX Class C				
12 1/4"	9 5/8"		10,750		1475 SX Class H/1800 Cl. C				
8 1/2"	7"		13,599		1100 SX Class A				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 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 837	Length of Test 24	Bbls. Condensate/MMCF 11	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 7600	Casing Pressure (Shut-in) 0	Choke Size 3/64