

DEPARTMENT	
DATE FILED	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
 Supersedes Old C-101 and C-111
 Effective 1-1-65

Operator
Amoco Production Company

Address
P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Dual Completion in Paddock & Drinkard
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name South Mattix Unit	Well No. 35	Pool Name, including Formation Fowler Paddock	Kind of Lease State, Federal or Free Federal	Lease No. LC-032459
Location Unit Letter F ; 1650 Feet From The North Line and 1650 Feet From The West				
Line of Section 15 Township 24-S Range 37-E , NMCM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS **SCURLOCK PERMIAN CORP EFF 9-1-91**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX
If well produces oil or liquids, give location of tanks. Unit F Sec. 15 Twp. 24 Rge. 37	Is gas actually connected? No When _____

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'n.	Diff. Rest'n.
		X	X					
Date Spudded 7-12-79	Date Compl. Ready to Prod. 10-11-79	Total Depth 6400'		P.B.T.D. 6361'				
Elevations (DF, RKB, RT, CR, etc.) 3246 GR	Name of Producing Formation Paddock	Top Oil/Gas Pay 4846'		Tubing Depth 4755'				
Perforations 4846'-4901'		Depth Casing Shoe 6400'						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	1064'	550 sx Class C
8-3/4"	7"	6400'	1270 sx Class C

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.	Gun-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MSCF	Gravity of Condensate
283	6	0	
Testing Method (pilot, back pr.) Flow	Tubing Pressure (inlet-in)	Casing Pressure (inlet-in)	Choke Size

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.

0+4 NMOCD-H, 1-Hou, 1-Susp, 1-BD, 1-Chevron, 1-Arco, 1-Tenneco, 1-G. Ethridge

Bob Davis
 (Signature)
 Assistant Administrative Analyst
 (Title)
 12-27-79
 (Date)

OIL CONSERVATION COMMISSION
MAR 11 1980

APPROVED _____, 19____
 BY **John W. Runyan**
 TITLE **Geologist**

This form is to be filed in compliance with RULE 1104.
 If this be 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 re-completed wells.
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.