

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

RECEIVED

AUG 08 '88

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	

Operator GENERAL OPERATING COMPANY	O. C. D. ARTESIA, OFFICE
Address c/o H & S Oil Company, Suite 303, First Natl. Bank Bldg. - Artesia, NM 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	NOT BE 10-8-88 TO:
Recompletion <input checked="" type="checkbox"/> Re-entry	
Change In Ownership <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"/>	

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco	Well No. 1	Pool Name, including Formation Grayburg-Jackson 50-Q-G-SA	Kind of Lease State, Federal or Fee State	Lease No. B-2130-6
Location Unit Letter C ; 1980 Feet From The West Line and 660 Feet From The North				
Line of Section 36 Township 17S Range 30E , NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> COKE & COKE - RICH	Address (Give address to which approved copy of this form is to be sent) Box 1158 Abilene, TX 79604			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	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 C	Sec. 36	Twp. 17S	Rge. 30E
	Is gas actually connected? No		When Contract Negotiating	

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			Re-entry				
Date Spudded	Date Compl. Ready to Prod. 7/14/88		Total Depth 3389		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3597' 6"	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3016		Tubing Depth 2975'			
Perforations 3016-3106 3233-3238 3296-3353				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8 5/8"	See original completion	
	4 1/2"	3390	986 sks. Howco Lite + 250 sks. Premium +
	2 7/8"	2975	

IV. 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 Tanks 7/15/88	Date of Test 7/20/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24hrs	Tubing Pressure	Casing Pressure	Choke Size Comp # B17
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 120	Gas - MCF 30

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

W. R. Spencer
(Signature)
Agent
(Title)
8/5/88
(Date)

OIL CONSERVATION COMMISSION

AUG 17 1988, 19 _____
APPROVED _____
BY _____ Original Signed By _____
Mike Williams
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.