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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-210  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEVIATION SURVEYS RECEIVED

Operator **AMOCO PRODUCTION COMPANY** MAY 27 1976

Address **P.O. DRAWER A, LEVELLAND, TEXAS 79336** **O. C. C. ARTESIA, OFFICE**

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-5-76 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name **OLD INDIAN DRAW UNIT** Well No. **8** Pool Name, Including Formation **INDIAN DRAW-DELAWARE** Kind of Lease **FED.** Lease No. **0415688-A**

Location  
 Unit Letter **N** **1017** Feet From The **SOUTH** Line and **1973'** Feet From The **WEST**

Line of Section **18** Township **22-S** Range **28-E**, NMPM, **EDDY** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
**THE PERMIAN CORP. (TRUCKS)** **P.O. Box 1183 HOUSTON, TEX.**

Name of Authorized Transporter of Casinghead Gas  or Dry Gas  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 **J** Sec. **18** Twp. **22** Rge. **28** Is gas actually connected? **NO** 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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>4-19-76</b>	<b>5-5-76</b>	<b>3452'</b>	<b>3420'</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>3078' GL</b>	<b>DELAWARE</b>	<b>3246'</b>	<b>3261'</b>					
Perforations				Depth Casing Shoe				
<b>3246-3260'</b>	<b>2 JSPF</b>							

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4"</b>	<b>10 3/4"</b>	<b>438'</b>	<b>500 SX</b>
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>3451'</b>	<b>950 SX</b>

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks **5-5-76** Date of Test **5-17-76** Producing Method (Flow, pump, gas lift, etc.) **PUMP**

Length of Test **24** Tubing Pressure **-** Casing Pressure **-** Choke Size **-**

Actual Prod. During Test **125** Oil-Bbls. **30** Water-Bbls. **95** Gas-MCF **TSTM**

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.

3 NMOC-ART  
 1-DIV  
 1-SUSP  
 1-FEL  
 1-OBP  
 1-KC  
 2-Base  
 1-Marathon

**Ray W. Cox**  
 Administrative Assistant  
 5-25-76

OIL CONSERVATION COMMISSION  
 APPROVED **MAY 28 1976**  
 BY **W. A. Grissett**  
 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 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.  
 This form only Section I, II, III, and VI for changes of owner, repair, change of operator, or transportation or other such change of condition.  
 Separate Form C-104 must be filed for each pool in multiply

DEVIATION SURVEY

DEPTH - FEET	DEVIATION - DEGREE
259	
440	1/4
750	1
993	1 1/4
1182	2
1372	1 1/2
1530	2 1/2
1657	3 1/2
1750	4 1/2
1940	4 1/2
2048	5 1/4
2129	5 1/2
2224	5 1/2
2317	5
2472	3 1/4
2568	3 1/4
2758	3
2914	1 3/4
3065	1 1/4
3317	1 1/4
3450	3/4
	1/2

The above are true to the best of my knowledge.

*Ray W. Cox*  
ADMINISTRATIVE ASSISTANT

Sworn to this date, May 26, 1976.

*Beverly Otwell*  
Notary Public in and for  
Hockley County, Texas  
My commission expires June 1, 1977.