NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Amended Report
To show Correct Pool Name

RECEIVED
NOV 12 1981
O. C. D.
ARTESIA, OFFICE

N	
E	✓ ✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	✓
TRANSPORTER GAS	
OPERATOR	✓
PRORATION OFFICE	

I. Operator
TOM L. INGRAM

Address
P.O. Box 1757, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)
New Well [XX]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 1-1-82 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
Ex # 2-586

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool, Including Formation	Kind of Lease	Lease No.
Amonett	1-Y	~~Wildcat~~ Elkins-San Andres	State, Federal or Fee Fee	

Location
Unit Letter H : 2030 Feet From The North Line and 660 Feet From The East

Line of Section 21 Township 7-S Range 28-E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	P.O. Box 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
None	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	21	7-S	28-E	No	

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 Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-28-81	10-30-81	2554	2510

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3971 GR	San Andres	2281	2489

Perforations	Depth Casing Shoe
2281,85,95,99,2308,10,13,18,24,27,32;34	2545

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8 5/8	410	275
7 7/8	4 1/2	2545	150
	2 7/8"	2489	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
10-30-81	10-30-81	Pump

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	---	---	

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	12	9	12

Initial ID - NCO - 91 & Comp. Date 11-30

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Post 2 TP

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			24 hr. test

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.

Tom R. Ingram
(Signature)

Operator
(Title)

11/11/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 18 1981, 19--

BY W. A. Gressett

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.

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 multiple