

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

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 1-1-65

DEVIATION SURVEYS ATTACHED
RECEIVED

Operator AMOCO PRODUCTION COMPANY		FEB 25 1971
Address BOX 68, HOBBS, N. M. 88240		
Reason(s) for filing (Check proper box)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>
Other (Please explain)		
O.C.C. ARTESIA, OFFICE		CASINGHEAD GAS MUST NOT BE FLARED AFTER 4-1-3-71 UNLESS AN EXCEPTION TO R-4000 IS OBTAINED

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE EK	Well No. Pool Name, Including Formation 3 DOUBLE L QUEEN	Kind of Lease State, Federal or Fee STATE	Lease No. K-5652-2
Location			
Unit Letter C	990 Feet From The NORTH Line and 1650 Feet From The WEST		
Line of Section 25	Township 14-S	Range 29-E	County CHAVES

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> THE PERMIAN CORP (TRUCKS)	Address (Give address to which approved copy of this form is to be sent) MIDLAND, TEXAS
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 D Sec. 25 Twp. 14 Rge. 29
Is gas actually connected?	When 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-4-71	Date Compl. Ready to Prod. 2-8-71	Total Depth 1962'	P.B.T.D. 1936'					
Elevations (DF, RKB, RT, GR, etc.) 3816 RDB	Name of Producing Formation QUEEN	Top Oil/Gas Pay 1902'	Tubing Depth 1916					
Perforations 1904-14	Depth Casing Shoe 1962							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11" 7 7/8"	CASING & TUBING SIZE 24" 9.5" 2 3/8"		DEPTH SET 353' 1962' 1916		SACKS CEMENT 275 200			

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 2-12-71	Date of Test 2-23-71	Producing Method (Flow, pump, gas lift, etc.) Dmp	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 59	Oil-Bbls. 31	Water-Bbls. 28 BLW	Gas-MCF NA

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.

043-NMOCC-ART

1-ACJR

1-DBP

1-SUSP

1-PRY

V. E. Stalling

(Signature)

AREA SUPERINTENDENT

(Title)

FEB 23 1971

(Date)

OIL CONSERVATION COMMISSION

FEB 26 1971

APPROVED _____, 19

BY

W. A. Gressett

TITLE

OIL AND 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 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.