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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| 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 RECEIVED

I. 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 <input checked="" type="checkbox"/> | Change in Transporter of:   | Other (Please explain)   |
| Recompletion <input type="checkbox"/>        | Oil <input type="checkbox"/>  | CASINGHEAD GAS MUST NOT BE<br>FLARED AFTER <u>7-7-76</u><br>UNLESS AN EXCEPTION TO Rule 306<br>IS OBTAINED |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Condensate <input type="checkbox"/> |  |

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

II. DESCRIPTION OF WELL AND LEASE

|   |  |   |   |                               |
|---|--|---|---|-------------------------------|
| Lease Name<br><b>OLD INDIAN DRAW UNIT 7</b> | Well No.<br><b>7</b>   | Pool Name, Including Formation<br><b>INDIAN DRAW - DELAWARE</b> | Kind of Lease<br>State, Federal or Fee <b>FED</b> | Lease No.<br><b>0415688-A</b> |
| Location                                    |  |   |   |                               |
| Unit Letter <b>F</b>                        | <b>2323</b> Feet From The <b>NORTH</b> Line and <b>1974'</b> Feet From The <b>WEST</b> |   |   |                               |
| Line of Section <b>18</b>                   | Township <b>22-S</b>   | Range <b>28-E</b>   | NMPM, <b>EDDY</b> County                          |                               |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)                                   |
| <b>THE PERMIAN CORP (TRUCKS)</b> Permian (Eff. 9)  | <b>Box 1183 HOUSTON, TEXAS</b>   |
| 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 <b>J</b> Sec. <b>18</b> Twp. <b>22</b> Rge. <b>28</b> Is gas actually connected? <b>No</b> 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)                 | 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 <b>4-10-76</b>                        | Date Compl. Ready to Prod. <b>5-1-76</b>     | Total Depth <b>3457'</b>          | P.B.T.D. <b>3457'</b>                        |                                   |                                 |                                    |                                      |                                       |
| Elevations (DF, RKB, RT, GR, etc.) <b>3091 RDB</b> | Name of Producing Formation <b>DELAWARE</b>  | Top Oil/Gas Pay <b>3280'</b>      | Tubing Depth <b>3326'</b>                    |                                   |                                 |                                    |                                      |                                       |
| Perforations <b>3280 - 3290' w/ 2 JSPF</b>         | Depth Casing Shoe <b>3457'</b>               |                                   |  |                                   |                                 |                                    |                                      |                                       |
| TUBING, CASING, AND CEMENTING RECORD               |  |                                   |  |                                   |                                 |                                    |                                      |                                       |
| HOLE SIZE  | CASING & TUBING SIZE                         | DEPTH SET                         | SACKS CEMENT                                 |                                   |                                 |                                    |                                      |                                       |
| <b>14 3/4"</b>                                     | <b>10 3/4"</b>                               | <b>410'</b>                       | <b>500 Sx</b>                                |                                   |                                 |                                    |                                      |                                       |
| <b>7 7/8"</b>                                      | <b>5 1/2"</b>                                | <b>3457'</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 <b>5-1-76</b> | Date of Test <b>5-4-76</b> | Producing Method (Flow, pump, gas lift, etc.) <b>PUMP</b> |                       |
| Length of Test <b>24</b>                      | Tubing Pressure            | Casing Pressure   | Choke Size            |
| Actual Prod. During Test <b>112</b>           | Oil - Bbls. <b>81</b>      | Water - Bbls. <b>31</b>                                   | Gas - MCF <b>TSTM</b> |

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.

- 213-NMOCC - AET
- 1-DIV
- 1-SUSP
- 1-JEL
- 1-OBP
- 1-RC
- 2-BASS
- 1-Marathon

*Ray W. Cox*  
(Signature)  
**Administrative Assistant**  
(Title)  
**5-25-76**  
(Date)

OIL CONSERVATION COMMISSION  
MAY 28 1976

APPROVED \_\_\_\_\_, 19  
BY *W. G. 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 multiply

DEVIATION SURVEY

DEPTH - FEET

DEVIATION - DEGREE

|      |       |
|------|-------|
| 864  | 3/4   |
| 1335 | 2 1/4 |
| 1749 | 4 1/2 |
| 1837 | 4 1/2 |
| 2033 | 4 3/4 |
| 2122 | 4 1/4 |
| 2215 | 3 1/4 |
| 2310 | 2 1/2 |
| 2434 | 1     |
| 2565 | 1 3/4 |
| 2688 | 1 3/4 |
| 2814 | 1 3/4 |
| 2940 | 1 1/4 |
| 3065 | 3/4   |
| 3208 | 3/4   |
| 3450 | 1     |

The above are true to the best of my knowledge.

Ray W. Cox  
ADMINISTRATIVE ASSISTANT

Sworn to this date, May 26, 1976.

Beverly Ottwell  
Notary Public in and for  
Hockley County, Texas.  
My Commission expires June 1, 1977