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SANTA FE	DEC 13 1971
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U.S.G.S.	DIST. CONSERVATION DISTRICT
LAND OFFICE	SANTA FE
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

REQUEST FOR ALLOWABLE
AND

DEVIATION TO TRANSPORT OIL AND NATURAL GAS

DEVIATION SURVEYS- BACK SIDE

I. Operator
Amoco Production Company

Address
BOX 68, HOBBS, N. M. 88240

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 FLARED AFTER 211,122 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **HILL "A"** Well No. **8** Pool Name, Including Formation **EUMONT** Kind of Lease **FEE** Lease No. **36.59 acres**

Location
Unit Letter **M** ; **3630** Feet From The **SOUTH** Line and **877** Feet From The **WEST**

Line of Section **6** Township **21-S** Range **37-E** , NMPM, **LEA** 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"/>	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)	X

If well produces oil or liquids, give location of tanks. Unit **M** Sec. **6** Twp. **21** Rge. **37** 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 Restv.	<input type="checkbox"/> Diff. Restv.
Date Spudded	11-16-71	Date Compl. Ready to Prod.	11-27-71	Total Depth	3778'	P.B.T.D.	3735'	
Elevations (DF, RKB, RT, GR, etc.)	3513' RDB	Name of Producing Formation	7-R-Q	Top Oil/Gas Pay	3624'	Tubing Depth	3740'	
Perforations	3624-26, 41, 44, 56, 61, 67, 74, 81, 86, 90, 96-99				Depth Casing Shoe	3778'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		495'		350			
7 7/8"	4 1/2"		3778'		500			

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)

Date First New Oil Run To Tanks	11-27-71	Date of Test	12-5-71	Producing Method (Flow, pump, gas lift, etc.)	PUMP
Length of Test	24	Tubing Pressure	-	Casing Pressure	-
Actual Prod. During Test	120	Oil - Bbls.	100	Water - Bbls.	20 BLW
				Gas - MCF	NA

(ACCUMULATED IN TANKS AND HAULED - TEMP BASIS)

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.

04-NMOC-11
1-DIV

1-OBP (Signature)
1-JEL AREA SUPERINTENDENT
1-SUSP (Title)
1-RRY (Date) **12-6-71**

OIL CONSERVATION COMMISSION

APPROVED **DEC 8 1971**, 19
BY **[Signature]**
TITLE **SUPERVISOR DISTRICT I**

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.

DEVIATION SURVEYS


<u>DEPTH</u>	<u>% OFF</u>
495	1/4 °
1087	1/2 °
1945	1 - °
2941	1 3/4 °
3413	1 °
3690	1 °
3781	1 °

THE ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE.



AREA SUPERINTENDENT
Amoco Production Company

SWORN TO THIS DATE, DECEMBER 6, 1971



D. Moorhead
NOTARY PUBLIC IN & FOR LEA CO. N.M.
My Commission Expires 6-18-72

1971 6 030

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DEC-7 1971

OIL CONSERVATION COMM.
HOBBS, N. M.