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U.S.G.S.	
LAND OFFICE	
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

I.

Deviation survey on back

Operator	<i>Ameca oil Company</i>		
Address	<i>Box 1031, Midland, Texas 79701</i>		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead 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	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
<i>State "W"</i>	<i>OG-5240-2</i>	<i>2</i>	<i>Undesignated - Bough C</i>	<i>State</i>
Location	<i>East Bagley - Pennsylvanian R-38C2</i>			
Unit Letter	<i>P</i>	<i>660</i>	Feet From The <i>South</i> Line and <i>810</i>	Feet From The <i>East</i>
Line of Section	<i>31</i>	Township <i>11-S</i>	Range <i>34-E</i>	NMPM, <i>Lea</i> 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)		
<i>Permian Corporation</i>	<i>Box 3119, Midland, Texas 79701</i>		
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 <i>P</i> Sec. <i>31</i> Twp. <i>11-S</i> Rge. <i>34-E</i>	Is gas actually connected? <i>no</i>	When <i>as soon as possible</i>

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<i>3-16-69</i>	<i>5-10-69</i>		<i>10,320</i>		<i>10,130</i>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<i>4205 GR</i>	<i>Bough "C"</i>		<i>9979</i>		<i>10,093</i>			
Perforations					Depth Casing Shoe			
<i>12 JS at 9979-80-81-90-02-03-04-05-06-07-08-09</i>					<i>10,320</i>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>17 1/2</i>	<i>13 3/8</i>		<i>365</i>		<i>375</i>			
<i>11</i>	<i>8 5/8</i>		<i>4075</i>		<i>1000</i>			
<i>7 7/8</i>	<i>5 1/2</i>		<i>10320</i>		<i>300</i>			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<i>5-10-69</i>	<i>5-10-69</i>	<i>Pump</i>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<i>24 hrs.</i>			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<i>170</i>	<i>150</i>	<i>120</i>	<i>232.5</i>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

L.E. Smith
(Signature)
As Prod. Clerk
(Title)
May 19, 1969

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *[Signature]*
TITLE _____

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.

Deviation Survey

Depth	Degree	Depth	Degree
365	$\frac{1}{4}$	7325	$\frac{1}{2}$
860	$\frac{1}{2}$	7627	$\frac{3}{4}$
1360	$\frac{1}{2}$	8005	1
1900	1	8300	$1\frac{1}{4}$
2306	1	8510	2
2630	$1\frac{1}{4}$	8730	2
3144	1	8920	$1\frac{1}{2}$
3520	$1\frac{1}{2}$	9010	$1\frac{1}{4}$
4075	$\frac{1}{2}$	9485	$\frac{1}{2}$
4450	$\frac{1}{2}$	9820	1
4750	$\frac{1}{2}$	9920	1
5260	$\frac{3}{4}$	10,020	$\frac{3}{4}$
5585	$\frac{1}{2}$	10,180	1
6285	$\frac{3}{4}$	10,310	1
6595	$\frac{1}{2}$		
7050	$\frac{1}{2}$		

The above are true and correct to the best of my knowledge.

L E Smith

Sworn to me this 19th day of May, 1969

Jeanne Brown

Notary Public in and for
Midland County, Texas