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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

Operator Amoco Production Company		CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/1/81 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
Address P. O. Box 68, Hobbs, NM 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Deviation Survey Attached	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>		
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 Troastle	Well No. 1	Pool Name, Including Formation Undk. Bluit San Andres Assoc.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>5</u> Township <u>8-S</u> Range <u>38-E</u> , NMPM, <u>Roosevelt</u> 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)	
Amoco Trucks - Western Oil Trans.	P. O. Box 1183, Houston, TX	
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	Sec.	Twp.
Rge.	Is gas actually connected? When	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-18-81	Date Compl. Ready to Prod. 6-29-81		Total Depth 4800'		P.B.T.D. 4785'			
Elevations (DF, RKB, RT, GR, etc.) 3998.3	Name of Producing Formation San Andres		Top Oil/Gas Pay 4588'		Tubing Depth			
Perforations 4588'-4670' w/2 JSPF					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		350'		195 SX Class C			
7-7/8"	5-1/2"		4800'		560 SX Class C			

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 6-29-81	Date of Test 6-29-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 12	Water - Bbls. 18	Gas - MCF 0

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE 0+4-NMOCD, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-GPM

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.

Greg Mitchell
(Signature)
Admin. Analyst
(Title)
7-2-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 8 1981, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT 2

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.

AMOCO PRODUCTION COMPANY

Trostle #1
660' FSL & 660' FWL, Sec. 5, T-8-S, R-38-E
Roosevelt County, NM

Deviation Survey

<u>Depth</u>	<u>Degrees</u>
350	.25
862	.25
1367	.50
1842	.50
2094	.50
2597	.50
3087	.50
3577	.75
4800	1

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

Greg Mitchell
Administrative Analyst

Subscribed and sworn to before me this 6th day of July, 1981.

Notary Public in and for Lea County, New Mexico.

