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LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER 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-1
Effective 1-1-65

Operator
Amoco Production Company

Address
P. O. Box 68, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
New Well [ ]
Recompletion [X]
Change in Ownership [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
To amend name of transporter of oil from Permian to Amoco (Trucks)

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State DQ	1	Wildcat Wolfcamp	State, Federal or Fee State	K-5606

Location
Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West

Line of Section 32 Township 9-S Range 30-E , NMPM, Chaves County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate	Address (Give address to which approved copy of this form is to be sent)
Amoco Production Company (Trucks)	P. O. Box 1183, Houston, TX
Name of Authorized Transporter of Casinghead Gas or Dry Gas	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
	C	32	9-S	30-E	No	

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

III. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X					X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-1-78	7-18-83	9540'	7500'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4042' GR	Wolfcamp	7292'	7321'

Perforations	Depth Casing Shoe
7292'-7320' X 8114'-8128' w/4 JSPF	9540'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	1610'	642 sx Filler, 200 Cl C
8-3/4"	5-1/2"	9540'	820 sx Cl H, 230 Trinity Lite

IV. 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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
7-15-83	7-18-83	Pump

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
216	216	123	200

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

V. 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.

Cathy L. Forman
(Signature)
Assist. Admin. Analyst
(Title)
7-29-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 2 1983, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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. Separate Forms C-104 must be filed for each pool in multiply completed wells.

0+5-NMOCD,H 1-HOU, R.E.Ogden,Rm 21.150 1-F.J.Nash,Houston,Rm 4.206 1-GL