NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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

CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/15/83 UNLESS AN EXCEPTION TO R-4070 ~~IS OBTAINED.~~

Operator
Amoco Production Company

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

Reason(s) for filing (Check proper box)
New Well [ ]
Recompletion [XX]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other (Please explain)
Request allowable to produce

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

I. DESCRIPTION OF WELL AND LEASE Many Gates-Wolfcamp R-7396 12-1-83

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State DQ	1	~~Und~~. Wolfcamp Wildcat	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)
The Permian Corporation (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: _____

IV. 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
8-3/4"	5-1/2"	9540'	820 sx ClH, 230TrinityLt

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)

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

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.

Cathy L. Forman
(Signature)
Assist. Admin. Analyst
(Title)
7-19-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 20 1983, 19

BY ORIGINAL SIGNED BY EDDIE SEAY

TITLE ~~OIL~~ & GAS INSPECTOR

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 multiple completed wells.

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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: K-5606

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

2. Name of Operator: Amoco Production Company

8. Farm or Lease Name: State DQ

3. Address of Operator: P. O. Box 68, Hobbs, New Mexico 88240

9. Well No.: 1

4. Location of Well
UNIT LETTER C, 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 9-S RANGE 30-E NMPM.

10. Field and Pool, or Wildcat: Und. Wolfcamp

15. Elevation (Show whether DF, RT, GR, etc.): 4042' GR

12. County: Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER status update	[X]

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Rigged up swab unit 6-1-83. Swab tested for 12-1/2 hr. and recovered 95 BO and 33 BW. Moved out swab unit 6-4-83 and shut-in well to install surface pumping equipment. Pump tested for 72 hrs and pumped 474 BO, 432 BW, and 450 MCF. Last 24 hrs well pumped 164 BO, 133 BW, and 200 MCFD. Pump tested 7-18-83 for 24 hr and well pumped 216 BO, 123 BW, and 200 MCFD. Currently pump testing.

O+5-NMOCD,H 1-HOU, R.E.Ogden,Rm 21.150 1-F.J.Nash, HOU, Rm. 4.206 1-CLF

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Cathy L. Forman TITLE Assist. Admin. Analyst DATE 7-19-83

ORIGINAL SIGNED BY EDDIE SEAT
APPROVED BY OIL & GAS INSPECTOR TITLE _____ DATE JUL 20 1983

CONDITIONS OF APPROVAL, IF ANY: