STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
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OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
AMOCO PRODUCTION COMPANY

Address
P.O. Box 68 HOBBS, NM 88240

Reason(s) for filing (Check proper box)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)
To Show gas connected

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State "DQ"	2	Many Gates Wolfcamp	(State) Federal or Fee	K-5606

Location
Unit Letter D : 330 Feet From The North Line and 840 Feet From The West

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

III. 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, Texas
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Pecos River Gas Plant Ltd. c/o Liquid Energy	P.O. Box 4000 The Woodlands, Tx 77380

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	32	9-S	30-E	YES	4-23-85

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

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Mari L. Slater
(Signature)
Administrative Analyst
(Title)
30 April 1985
(Date)

0+5 NMOCD-H, 1-JRB, 1-FJN, 1-NLG

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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.

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IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well: X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded: 26 JANUARY 1985	Date Compl. Ready to Prod.: 9 APRIL 1985		Total Depth: 7500'			P.B.T.D.: 7,460		
Elevations (DF, RKB, RT, GR, etc.): 4043.3 GR	Name of Producing Formation: WOLFCAMP		Top Oil/Gas Pay: 7286'			Tubing Depth: 7365'		
Perforations:						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13 · 3/8"	40'	2 YDS
12.250"	9 - 5/8"	895'	425 SX
8.75"	5 · 1/2"	7500'	2500 SX

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: 4-1-85	Date of Test: 4-9-85	Producing Method (Flow, pump, gas lift, etc.): PUMPING	
Length of Test: 24 HRS.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.: 20	Water-Bbls.: 140	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