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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-1.  
Effective 1-1-65

I.

Operator Amoco Production Company	CASINGHEAD GAS MUST NOT BE PLACED AFTER <u>7/8/81</u> 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:
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"/>
	Deviation survey attached.

If change of ownership give name  
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State IQ Com.	Well No. 1	Pool Name, Including Formation Und. Upper Penn Baum	Kind of Lease State, Federal or Fee	State	Lease No. LG-8446
Location					
Unit Letter K	1980	Feet From The South	Line and 1980	Feet From The west	
Line of Section 23	Township 13-S	Range 32-E	NMPM,	Lea	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)				
Western Oil Transportation	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)				
It well produces oil or liquids, give location of tanks.	Unit K	Sec. 23	Twp. 13-S	Rge. 32-E	Is gas actually connected? When

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 Restv.	Diff. Restv.
Date Spudded 3-19-81	Date Compl. Ready to Prod. 7-13-81	Total Depth 10221	P.B.T.D. 10034					
Elevations (DF, RKB, RT, GR, etc.) 4312.4' GL	Name of Producing Formation Und. Upper Penn	Top Oil/Gas Pay 9766-9845'	Tubing Depth					
Perforations 9766'-9845'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"	420'	200 SX Thixset, 370 SX Class C					
12-1/4"	8-5/8"	3985'	2900 SX Lite, 200 SX Class C					
8-3/4"	5-1/2"	10221'	1300 SX Trinity Lite, 350 Clas					

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 allow-  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-8-81	Date of Test 7-13-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 30	Water-Bbls. 66	Gas-MCF 0

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 0+4-NMOCD, H 1-Hou  
1-Susp 1-MDR 1-Superior, W 1-Superior, M

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.

1-W. Stafford, Hou

Mark Randolph  
(Signature)

Assist. Admin. Analyst

(Title)

7-17-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1981, 19

BY [Signature]  
TITLE SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepene  
well, this form must be accompanied by a tabulation of the deviatior  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo-  
able 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 conditior

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

AMOCO PRODUCTION COMPANY

State IQ Com. #1  
1980' FSL & 1980' FWL, Sec. 23, Unit K, T-13-S, R-37-E  
Lea County, New Mexico

Deviation Survey

<u>Depth</u>	<u>Degrees</u>
420'	.25
1580'	1.25
1900'	.75
2400'	.75
2587'	.75
3616'	1.75
3990'	1.0
4485'	2.0
4800'	1.0
5300'	.25
5829'	.25
6868'	1.0
7401'	.25
8313'	1.0
9380'	1.25
10221'	1.25

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

Mark Randolph

Assistant Administrative Analyst

Subscribed and sworn to before me this 21<sup>st</sup> day of July, 1981.

Notary Public in and for Lea County, New Mexico.

