ſ	NO. OF COPIES RECFIVED				
	DISTRIBUTION				
	SANTA FE				
Ī	FILE				
	U.S.G.S.				
I	LAND OFFICE				
	IRANSPORTER	CIL			
	THANS! ON EN	GAS			
I	OPERATOR				
	PRORATION OFFICE				

	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-116				
	FILE	Effective 1.1 Ct						
	L GAS							
	LAND OFFICE	,	_					
	IRANSPORTER CIL	Down	ON SURVEYS- B	ACU SIDE				
	GAS	\ DE UIFIT	ON CORUCYS- N	THER OTBE				
	OPERATOR			/				
I.	PRORATION OFFICE							
	Amoco Production	Company						
	Address							
		BOX 68, HOBBS, N. M. 85240						
:	Reason(s) for filing (Check proper box))	Other (Please explain)					
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Ga	s					
	Change in Ownership	Casinghead Gas Conden	nsate					
	If change of ownership give name							
	and address of previous owner							
		. F. 4.0F						
11.	Legge Name	Well No. Parl Name, Including F	ermation Kind of L	ease Lease No.				
	DETERSONAGA	SOM! PETERSON H	FAIAL GAS State, Fe	deral or Fee				
	Mocation		100	<u> </u>				
	B = 66	O Feet From The ORTH Lin	ne and 1980 Feet Fr	om The LIST				
	omi zenei	F 0						
	Line of Section Tov	vnship 3-3 Range	33-E, NMPM, A	COSEVELT County				
			-					
III.		TER OF OIL AND NATURAL GA	Address (Give address publish as	oproved copy of his form is to be sent)				
	$\sim \sim $		Box 900 DAL	CAS (EXAS				
	None of Authorized Teansparter of Car	mahead Gas or Dry Gas	Address (Givandham) Phicher	etjon company is to be sent)				
	And Car To Callo	Doir Th	KET 70 BOX 68, HOBBS,	N. M. 88240 (69-78)				
	MISCHIE TO CHILD	Unit Sec. Twp. P.ge.	Is gas actually connected?	When				
	If well produces oil or liquids, give location of tanks.	B 19 5 33	(7-26-72) Xes	7-26-72				
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:					
	COMPLETION DATA			District Date Control				
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.				
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Date Spudded 7- 9-71	8 · 23 · 71	7936	7886				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	4418 R.D.B.	15NN	7632	7631				
	Perforations Depth Casing Shoe							
	7632-36 90-94 7704-			7936				
			CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	17/2"	13 3/8	360	400				
	12 /4	8 %	3460;	300				
	778	5 '/2"	7936.					
V.	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allow				
	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
				C VCE				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MOF				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	CAOF 7210	1 %	2.77	70.5 @ 60°				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	4 D+	1443-2022 #	DAR	VARIOUS				
VI	CERTIFICATE OF COMPLIAN			RVATION COMMISSION				
7.5	CENTIFICATE OF COMPENS	6 2		31 1972				
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED JOL 0 10/2 , 19					
	Commission have been complied to	ommission have been complied with and that the information given love is true and complete to the best of my knowledge and belief.		an tolar statuta				
-	above is true and complete to the	s pest of my knowledge and belief.	SUPERVISOR DISTRICT I					
		***	TITLE SUPEN	AIDAI DIDILICI I				
	O+4. NMOCC-H	-	This form is to be filed in compliance with RULE 1104.					
	1-ACJ		If this is a request for a	If this is a request for allowable for a newly drilled or despened				
		ature) ADEA CLIDEDINITENIBENIT	well this form must be acco	mpenied by a tabulation of the deviation				
	I-JEL	AREA SUPERINTENDENT	tests taken on the well in a	ecordance with RULE 111.				

T-SUSP (Title) 7-28-72 1-RRY

(Date)

1- FRYORK

1- CH COLDWELL

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 ewner, well name or number, or transporter, or other such change of empirion.

Separate Forms C-104 must be filed the each pool in murciply completed wells.

RECEIVED

OIL CONSERVATION COMM.