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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
< DEVIATION SURVEYS - BACK SIDE >

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator AMOCO PRODUCTION COMPANY.		CASINGHEAD GAS MUST NOT BE PLACED AFTER 7/1/76	
Address BOX 367, ANDREWS, TEXAS 79714		UNLESS AN EXCEPTION TO R-4070 IS OBTAINED	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	REQUEST AUTHORITY TO TEMP COMMINGLE INTO PETERSON PENN STORAGE SYSTEM PENDING SUBMISSION AND APPROVAL OF FORMAL APPLICATION.	
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"/>		

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 SWEARINGEN "B"	Well No. 3	Pool Name, Including Formation PETERSON - PENN ASSOC	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter L	2086	Feet From The South	Line and 554	Feet From The West
Line of Section 20	Township 5-S	Range 33-E	NMPM, ROOSEVELT 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"/> AMOCO PRODUCTION COMPANY (TRUCKS)	Address (Give address to which approved copy of this form is to be sent) Box 1183, HOUSTON, TX			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TRANSWESTERN PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) 1st Nat'l Bk Bldg. Suite 614 Odessa, Tx.			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 19	Twp. 5	Rge. 33
	Is gas actually connected? No			

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-47

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 1-16-76	Date Compl. Ready to Prod. 4-2-76	Total Depth 8000'		P.B.T.D. 7961				
Elevations (DF, RKB, RT, GR, etc.) 4409' GL	Name of Producing Formation PENN (CISCO)	Top Oil/Gas Pay 7740		Tubing Depth 7657				
Perforations 7740'-45' w/21SPF				Depth Casing Shoe 7995				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
18"	76"		35'		Circ			
12 1/4"	8 5/8"		2046'		Circ			
7 1/8"	5 1/2"		7995'		750 SV			

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 4-2-76	Date of Test 4-6-76	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24	Tubing Pressure 980	Casing Pressure PRK	Choke Size 11/64
Actual Prod. During Test 279	Oil-Bbls. 279	Water-Bbls. 0	Gas-MCF 316

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

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.

013- NMOC-11
1-DIV
1-JEL
1-OBP
1-SUSP
1-RC

Ray W. Cox
(Signature)
ADMINISTRATIVE ASSISTANT
(Title)
5/25/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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.

< DEVIATION SURVEYS >

DEPTH (FEET)

ANGLE OF INCLINATION
(DEGREES)

1166	1/2
2960	1-1/4
4472	1-1/4
6286	1/2
6715	1/2
7745	3/4

The above are true to the best of my knowledge.



RAY W. COX, ADMINISTRATIVE ASSISTANT
AMOCO PRODUCTION COMPANY

Sworn and subscribed to this date, May 25, 1976.



Notary Public in and for Hockley County, Texas