2131 KIBUT 10H	NEW MEXICO O		
SA TAFE	DEOUE	NEW MEXICO OIL CONSERVATION COMMISSION	
Ĕ	T REQUE	REQUEST FOR ALLOWABLE	
3. S .	ALITHOPIZATION TO	AND	Supersedes Old C-104 and C-1 Effective 1-1-65
DOFFICE	AOTHORIZATION TO	TRANSPORT OIL AND NATURAL	GAS
TRANSPORTER OIL			
GAS			
OPERATOR	† - 		
PRORATION OFFICE	+		
Operator			
Llano, Inc.			
P. O. Box 132	0, Hobbs, New Mexico 8824	0	
Reason(s) for filing (Check prope	, 1001)	Other (Please explain)	
	Change in Transporter of:	(1 tease explain)	
Recompletion	Oil Dry	Gas	
Change in Ownership X	Casinghead Gas Com	densate Effective August	
If change of ourseship -in-			t 1, 1975
and address of previous owner	^{ne} Operator-Amoco Producti	on Company, P. O. Box 68,	
	Troduction of the state of the	on company, P. O. Box 68,	Hobbs, New Mexico 88240
DESCRIPTION OF WELL A	ND LEASE		30240
rease ladille	Well No. Pool Name, Including	Formation	
Plains Unit Federal		Kind of Lease	
Location	2 Lusk Straw	7N State, Federa	I or Fee Federal NM0175774
Unit Letter E; 1	1980 Feet From The north		
	m	··· ·	ne wcst
	ORTER OF OUT AND MARKET	32 East , NMPM,	Lea County
Texas New Mexico Pipe		Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	P. O. Box 1510 Midlema	l m. =0=01
Phillips Petroleum Co	or bry Gds	address to which approve	ed copy of this form is to be sent!
		Phillips Building, Odes	Sa. Tevas 70760
If well produces oil or liquids, give location of tanks.	inge.	is gas actually connected? When	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	E 28 19S 32E	ves	9 9 62
COMPLETION DATE	with that from any other lease or pool,	give commingling order	8-8-63
COMPLETION DATA		and a summer sum	PC-392
Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Back Same Resty Diff Books
Date Spudded			Plug Back Same Res'v. Diff. Res'v.
Date Spaced	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Flavoria (DE Dua			1.6.1.0.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	The state of the s
			Tubing Depth
Perforations			
			Depth Casing Shoe
·	TUBING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE		
		DEPTH SET	SACKS CEMENT
EST DATA AND BEOURSE -	POR ATT OFFI		
EST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	ter recovery of total volume of load oil and oth or be for full 24 hours)	must be sound to
Oate First New Oil Run To Tanks	Date of Test		
		Producing Method (Flow, pump, gas lift, e	etc.)
ength of Test	Tubing Pressure		
	Iid treesme	Carina December	

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	
Actual Prod. During Test	Oil-Bbls.	water - Bbls.	Gas-MCF	

GAS WELL Actual Prod. Test-MCF/D Length of Test Bble. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

August 1, 1975

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.

above is true and complete to the best of my knowledge and be	elie
Medwank.	
(Signature)	
Executive Vice President	
(Title)	

(Date)

OIL CONSERVATION COMMISSION

APPROVED_ THILDER. 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.

110

NO. OF COPIES RECCIVED	7	~ `	
DISTRIBUTION	NEW MEXICO OF		
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISS		Form C-104
FILE	REQUEST FOR ALLOWABLE Supersedes Old C-104 an AND Effective 1-1-65		Supersedes Old C-104 and C-1 Effective 1-1-65
U.S.G.3.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	A STITURIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
TRANSPORTER OIL			
GAS			
OPERATOR	_		
PRORATION OFFICE			
Ameco Production	Company		
Address			
BOX 68, HOBBS, N. M.	88240		
Reason(s) for filing (Check proper bo			
New Well	Change in Transporter of:	Other (Please explain,	
Recompletion	Oil Dry G	· [
Change in Ownership			.5 , -9 s
		ensate FFECTIVE	5-1-12
If change of ownership give name and address of previous owner	CLINTON DIL CO.	217 No.Ulateo 11	VICUITA HANKAS
		MI INSTITUTE IN	27251137 R77273865
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F	Formation Kind of Leas	e Lease No.
HAINSUNIT FED	2 LUSK OTA	State, Federa	or Fee Fan Cinaya
Location			· · · · · · · · · · · · · · · · · · ·
Unit Letter;;	30_Feet From The NO27H Li	ne and <u>663</u> Feet From	The WEST
20	10 0		
Line of Section & To	ownship 3-5 Range	32-E , NMPM,	County
DECICE AMION OF MD ANGROW			
Name of Authorized Transporter of Of	TER OF OIL AND NATURAL GA		
Tours Now Me	$\mathcal{L}_{\mathcal{A}} = \mathcal{D} \mathcal{L} \mathcal{A}$	Address (Give address to which approx	
liame of Authorized Transporter of Ca	xsinghead Gas [3] or Dry Gas	Address (Give address to which approx	(AND ITMS
DULLIDE DETRA	IEUR OR		
FRIENIPS PCINO	Unit Sec. Twp. Pgc.	Is gas actually connected? Who	!(A
If well produces oil or liquids, give location of tanks.	E 28 19 32	Vice	
If this production is promised wi			
COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	<u>C- 0002 </u>
Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	i		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			
Periordions			Depth Casing Shoe
	71121112 0161112 1111		
401 E 617E		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F	OR ALLOWARIE (Test must be a	francouran of anni value of the Latt	1
OIL WELL		fter recovery of total volume of load oil a pth or be for full 24 hours)	ind must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
· · · · · · · · · · · · · · · · · · ·			
9.4.4. W.D			
GAS WELL Actual Prod. Test-MCF/D			
Actual Prod. 1881-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tobles December 1		
resting method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Complete and an account	1		
CERTIFICATE OF COMPLIANC)E	OIL CONSERVA	TION COMMISSION
hander could be a second		APPROVED FFR 2	8 1972 19
ommission have been complied w	egulations of the Oil Conservation in the and that the information gives		
bove is true and complete to the	best of my knowledge and helled.	Orig. Signed by Joe D. Ramey TITLE Dist. I, Supv.	
		Joe D.	Ramey
4-NMOCC- H		Dist. I	, Supv.
I- DIV	-	This form is to be filed in co	ompliance with RULE 1104.
1-08P		If this is a request for allows	ble for a newly drilled or daspened
1-JEK (Signa	CAREA SUPERINTENDENT	tests taken on the well in accord	led by a tabulation of the deviation ance with RULE 111.

D+	4.	N MOCC.	14	
		DIV		- /

II.

III.

IV.

1-CLINTON 1-RRU

(Title) 2-22-72 (Date)

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.