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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-110
Effective 1-1-65

PLAINS UNIT STORAGE SYSTEM

(DEVIATION SURVEYS - BACK SIDE)

Operator PAN AMERICAN PETROLEUM CORPORATION		NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71	
Address BOX 68, HOBBS, N. M. 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	REQUEST TEMPORARY AUTHORITY to commingle production into Plains unit storage system with other Lusk Delaware & Lusk Strawn production.	
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name PLAINS UNIT Federal	Well No. 9	Pool Name, including Formation Lusk Delaware-Oil	Kind of Lease State, Federal or Fee Federal	Lease No. NM-01135
Location Unit Letter F 1980 Feet From The NORTH Line and 1980 Feet From The WEST				
Line of Section 33 Township 19-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"/> TEXAS NEW MEXICO PIPE LINE Co.	Address (Give address to which approved copy of this form is to be sent) MIDLAND, TEXAS			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM CORP.	Address (Give address to which approved copy of this form is to be sent) ODESSA TEXAS			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 28	Twp. 19	Rge. 32
	Is gas actually connected? YES		When 3-27-69	

If this production is commingled with that from any other lease or pool, give commingling order number: FORMAL APPLICATION AUTHORITY NOT YET RECEIVED

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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-28-69	Date Compl. Ready to Prod. 5-27-69		Total Depth 5150		P.B.T.D. 5010'			
Elevations (DF, RKB, RT, GR, etc.) 3553' RDB	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 4828		Tubing Depth 4840			
Perforations 4828-36					Depth Casing Shoe 5150			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10 3/4"		823		750			
9 7/8"	7 5/8"		2603		1000			
6 3/4"	4 1/2"		5150		350			
	2 3/8"		4840					

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 5-27-69	Date of Test 5-28-69	Producing Method (Flow, pump, gas lift, etc.) Pumping & Flowing	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 273	Oil - Bbls. 170	Water - Bbls. 103	Gas - MCF 55

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.

4-4-NMOC-10	<i>James E. York</i> (Signature) Area Engineer (Title) 5-28-69 (Date)
1-NSW	
1-JEL	
1-OBP	
1-SOSP	
1-RR1	

OIL CONSERVATION COMMISSION	
APPROVED	19
<i>[Signature]</i>	
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 <u>DEPTH</u>	SURVEYS DEGREES <u>OFF</u>
192	$\frac{1}{4}$
440	$\frac{3}{4}$
744	1 -
823	$1\frac{1}{2}$
1300	"
1597	$2\frac{1}{2}$
1845	$2\frac{1}{4}$
2060	"
2802	$1\frac{3}{4}$
3132	2°
3433	$2\frac{1}{4}$
3810	$2\frac{1}{2}$
4027	2 -
4714	2 -
4913	$1\frac{1}{2}$
5150	$1\frac{1}{4}$

The above are true to the best of my knowledge.

James E. York
are a engineer

Sworn to this date, May 28, 1969.

Barbara Sue Hunter
Notary Public In & For Lea Co. N.M.
My Commission Expires ~~6-18-72~~
2-5-70