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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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

"DEVIATION SURVEY ATTACHED"

Operator Amoco Production Company	
Address P. O. Drawer A, Levelland, Texas 79336	
Reason(s) for filing (check proper box)	
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"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State DR	Well No. 1	Pool Name, Including Formation Lusk Morrow	Kind of Lease State, Federal or Fee State	Lease No. 538055
Location				
Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West				
Line of Section 16 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 type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas	P. O. Box 1492, El Paso, Texas 79999	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 16
	Twp. 19-S	Rge. 32-E
	Is gas actually connected? No	

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

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 5-31-77	Date Compl. Ready to Prod. 8-11-77	Total Depth 12957		P.B.T.D. 12907					
Elevations (DF, RKB, RT, GR, etc.) 3621 GR	Name of Producing Formation Lusk Morrow	Top Oil/Gas Pay 12603		Tubing Depth 12907					
Perforations 12603'-611', 12621'-624', 12630'-634', 12638'-640', 12825'-827, & 12862'-881'		Depth Casing Shoe 12957							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		392'		475 SX CIRC 50				
12-1/4"	9-5/8"		4117'		3150 SX CIRC 1105				
8-3/4"	5-1/2"		12957'		2000 SX TCMT 4005'				
	2-3/8"		12907'						

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 test allowable for this depth or be for full 24 hours)

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 1667	Length of Test 8 Hrs.	Bbls. Condensate/MMCF 13	Gravity of Condensate 47.6
Testing Method (pilot, back pr.) Orifice Meter	Tubing Pressure (Shut-in) 3850	Casing Pressure (Shut-in) 0	Choke Size 17/64"

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.

Ray W. Cop
(Signature)
Administrative Assistant
(Title)
9-23-77
(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.

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OIL CONSERVATION COMM.
HOBBS, N. M.