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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-114
Effective 1-1-65

Operator Energy Reserves Group, Inc.	
Address P. O. Box 2437, Midland, Tx 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	PLACED AFTER 7/1/78
Change In Ownership <input type="checkbox"/>	UNDER AN EXCEPTION TO R-4070
	IS OBTAINED.

If change of ownership give name
and address of previous owner

THIS WELL IS NOT BEING PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco State	Well No. 2	Pool Name, including Formation Buckeye Abo R 5838	Kind of Lease State, Federal or Free State	Lease No. L-905
Location				
Unit Letter M	660	Feet From The South	Line and 660	Feet From The West
Line of Section 3	Township 18S	Range 35E	NMNM, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P.O. Box 838, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	Frank Phillips Bldg., Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3	Twp. 18S	Rge. 35E	Is gas actually connected? No	When Appx 8/1/78

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

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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 4/5/78	Date Compl. Ready to Prod. 6/25/78		Total Depth 9309'		P.B.T.D. 9120'			
Elevations (DF, RAB, RT, GR, etc.) 3924' GR	Name of Producing Formation Abo Detrital		Top Oil/Gas Pay 8894'		Tubing Depth 9095'			
Perforations 8894-8926, 8950-64, 8976-82, 8988-96, 9003-30, 9040-58'					Depth Casing Shoe 9150'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		366'		340			
12-1/4"	8-5/8"		3577'		900			
7-7/8"	4-1/2"		9150'		775			
4-1/2"	2-3/8"		9095'		--			

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 5/23/78	Date of Test 6/25/78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hr.	Tubing Pressure 0	Casing Pressure 0	Choke Size Open
Actual Prod. During Test	Oil-Bbls. 145	Water-Bbls. 2	Gas-MCF 135.8

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

* FILED WITH FORM C-105 7/2/78

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.

Jack Calcote
(Signature)

Jack Calcote

District Production Clerk

(Title)

July 21, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 24 1978
BY
TITLE SUPERVISOR DISTRICT I

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