

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RELEASED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

Operator Amoco Production Company		CASINGHEAD GAS MUST NOT BE TRANSPORTED 8/15/80	
Address P. O. Box 68 Hobbs, NM 88240		EXCEPT BY 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:	Deviation survey attached	
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
WHY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name State FU	Well No. 4	Pool Name, including Formation Airstrip Upper Bone Springs	Kind of Lease State, Federal or Fee State	Lease No. L-3556
Location				
Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>25</u> Township <u>18-S</u> Range <u>34-F</u> , NMPM, <u>Lea</u> 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)			
Amoco Production Company - Trucks	P. O. Box 1183, Houston, TX			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Warren Petroleum Company	P. O. Box 1589, Tulsa, OK			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	K	25	18	34
	Is gas actually connected? <u>No</u> When			

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 <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'y. <input type="checkbox"/>	Diff. Rest'y. <input type="checkbox"/>
Date Spudded 4-1-80	Date Compl. Ready to Prod. 6-18-80		Total Depth 10800		P.B.T.D. 10755			
Elevations (DF, RKB, RT, GR, etc.) 3965.3 GL	Name of Producing Formation Upper Bone Springs		Top Oil/Gas Pay 9252		Tubing Depth 9105			
Perforations 9252'-9286'					Depth Casing Shoe 10800			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		300'		350 Class C			
12-1/4"	9-5/8"		4005'		1355 Howco Lite, 200 Cl.			
8-3/4"	5-1/2"		10800'		1400 Trinity Lite, 850 Cl.			
	2-3/8"		9105'					

VI. TEST DATA AND REQUEST FOR ALLOWABLE (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 6-15-80	Date of Test 6-18-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 145	Oil-Bbls. 145	Water-Bbls. 77	Gas-MCF TSTM

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

VII. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

0+4-NMOCD, H 1-Hou 1-Susp 1-LBG
1-Mesa 1-Bass 1-Pacific Lighting Gas

Bob Davis
(Signature)

Admin. Analyst
(Title)

6-24-80
(Date)

OIL CONSERVATION DIVISION

APPROVED 10/18/80, 18

BY [Signature]
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 multiple completed wells.

MGF DRILLING COMPANY - MIDLAND

P. O. Box 5766

Midland, Texas 79701

915 - 684-7173

INCLINATION REPORT

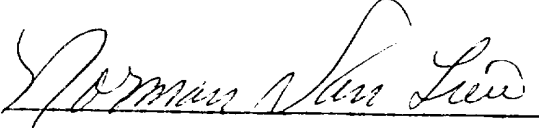
OPERATOR: Amoco Production Co.
P. O. Box 68
Hobbs, NM 88240

LOCATION: Rig 23
State FU No. 4
Lea County, NM

Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees
300	1/4	8149	1/2		
811	1/2	8583	1-1/4		
1381	3/4	8924	2		
2279	3/4	9045	1-1/4		
2765	1	9348	1-1/4		
3347	2	9690	1		
3502	2	10466	1/4		
3577	1-3/4	10800	1-1/2		
4005	1-1/4				
4487	2				
4642	1				
5139	1/4				
5634	1/2				
6130	1/4				
6562	1/2				
7064	1/2				
7621	1/2				

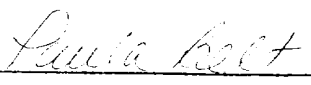
STATE OF TEXAS
COUNTY OF MIDLAND

The undersigned state that he has knowledge of the facts and matter herein set forth and that the same are true and correct.


Norman Van Liew, Operations Manager

SUBSCRIBED AND SWORN TO BEFORE ME this the 13th day of May, 19 80

My Commission Expires:
July 31, 1980


Notary Public in and for Midland
County, Texas.