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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-101 and C-11
Effective 1-1-65

Operator Amoco Production Company		CASINGHEAD GAS MUST NOT BE FLARED AFTER 4/1/81 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
Address P. O. Box 68 Hobbs, NM 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Deviation survey attached	
Recompletion <input type="checkbox"/>			
Change in Ownership <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 NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE			
Lease Name State IA	Well No. 1	Pool Name, including Formation Airstrip Wolfcamp	Kind of Lease State, Federal or Fee State
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West			
Line of Section 36	Township 18-S	Range 34-E	County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Western Oil - Amoco Trucks	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, El Paso, TX 79978		
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)		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 36	Twp. 18
		Pge. 34	
Is gas actually connected?		When	

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

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 11-12-80	Date Compl. Ready to Prod. 1-28-81	Total Depth 10956'	P.B.T.D. 10936'
Elevations (DF, RKB, RT, GR, etc.) 3974.6' GL	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10804'	Taking Depth 10677'
Perforations 10804'-10864'	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-7/8"	335'	400 SX Class C
12-1/4"	9-5/8"	4000'	1325 Lite, 200 Class C
8-3/4"	5-1/2"	10800'	1150 Lite, 300 Class H

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 1-28-81	Date of Test 1-28-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 10	Oil-Bbls. 10	Water-Bbls. 0	Gas-MCF 0

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

CERTIFICATE OF COMPLIANCE 0+4-NMOC, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-Mesa	
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.	
1-Bass 1-Superior 1-Pacific Lighting Gas 1-E. I. DuPont 1-Union TX 1-LBG	
(Signature) Assist. Admin. Analyst	
(Date) 2-5-81	

OIL CONSERVATION COMMISSION	
APPROVED _____ 1981	
BY _____	
TITLE SUPERVISOR DISTRICT 1	
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 allowables to be calculated and accepted.	
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.	

LANDIS DRILLING COMPANY
POST OFFICE BOX 3579
MIDLAND, TEXAS 79702

OPERATOR Amoco Production Company ADDRESS P. O. Box 68, Hobbs, N. M. 88240
LEASE NAME State "IA" #1 WELL NO. 1 FIELD _____
LOCATION 606' FNL & 660' FWL, Sec. 36, T18S, R34E, Lea County, N. M.

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
335	1/2	2.92	2.92
823	1/4	2.13	5.05
1,002	1/4	.78	5.83
1,500	1/2	4.35	10.18
1,758	1/4	1.13	11.31
2,300	1/2	4.73	16.04
2,440	1/2	1.22	17.26
2,975	1/2	4.67	21.93
3,497	1/2	4.56	26.49
4,000	1/4	2.20	28.69
4,360	1/2	3.14	31.83
4,710	1/2	3.06	34.89
5,043	1/2	2.91	37.80
5,447	3/4	5.29	43.09
5,816	3/4	4.83	47.92
5,896	3/4	1.05	48.97
6,416	1/2	4.54	53.51
6,900	1/2	4.23	57.74
7,409	3/4	6.66	64.40
7,913	1	8.79	73.19
8,470	1/2	4.86	78.05
8,990	1/4	2.27	80.32
9,661	1-3/4	20.49	100.81
9,777	1-3/4	3.54	104.35
10,099	3/4	4.21	108.56
10,593	3/4	6.47	115.03
10,800	3	10.83	125.86

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

LANDIS DRILLING COMPANY

Gary W. Chappell
TITLE Contracts Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared Gary W. Chappell known to me to be the person whose name is subscribed herebelow, who on making deposition, under oath states that he is acting for and in behalf of the Operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Sandy Smith
AFFIDANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 24th day of December, 1980.

Sandy Smith
Notary Public in and for the
County of Midland, Texas