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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

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 8/1/81  
UNLESS AN EXCEPTION TO E-4070  
IS OBTAINED.**

Operator Amoco Production Company	
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:
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"/>
Deviation survey attached.	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State HU	Well No. 1	Pool Name (Including Formation) Und. Wolfcamp	9-1-81 R-6758	Kind of Lease State, Federal or Fee	Lease No.
Location					
Unit Letter J	1980	Feet From The South	Line and 1980	Feet From The East	
Line of Section 32	Township 18-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"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corp.	P. O. Box 1183, Houston, TX 77001	
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	4001 Penbrook, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 32
	Twp. 18	Rge. 32
	Is gas actually connected? No	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded 3-10-80	Date Compl. Ready to Prod. 5-19-81	Total Depth 13119'	P.B.T.D. 12815'					
Elevations (DF, RKB, RT, GR, etc.) 3715.7' RDB	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10674'	Tubing Depth					
Perforations 10674'-10698'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	428'	425 SX Class C					
12-1/4"	9-5/8"	4245'	2000 SX Lite, 200 SX					
8-3/4"	5-1/2"	13110'	1860 SX Lite, 1300 SX Class H					

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 5/19/81	Date of Test 5-19-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 16	Water - Bbls. 4	Gas - MCF 10

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 0+4-NMOCD, H  
1-Hou 1-Susp 1-W. Stafford, Hou 1-GPM

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.

Gary Mitchell  
(Signature)  
Admin. Analyst  
(Title)  
6-15-81  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 17 1981, 19  
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 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.