

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION 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-111
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"/>	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 Amoco State	Well No. 4	Pool Name, including Formation Buckeye Abo	Kind of Lease State, Federal or Fee State	Lease No. L-906
Location Unit Letter <u>N</u> ; <u>360</u> Feet From The <u>South</u> Line and <u>2060</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>18-S</u> Range <u>35-E</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)	
Texas New Mexico Pipeline Co.	P. O. Box 2528, Hobbs, N.M. 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 Co.	Frank Phillips Bldg, Bartlesville, OK	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3
	Twp. 18-S	Rge. 35-E
	Is gas actually connected?	When
	Yes	3-16-82

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-12-81	Date Compl. Ready to Prod. 3-13-82		Total Depth 9300'		P.B.T.D. 9108'			
Elevations (DF, RKB, RT, GR, etc.) 3917.6 GR	Name of Producing Formation Abo Detrital		Top Oil/Gas Pay 8937'		Tubing Depth 9070'			
Perforations 8937'-9034' w/20 holes					Depth Casing Shoe 9160'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		365'		360			
11 "	8 5/8"		3591'		1590			
7 7/8"	4 1/2"		9160'		1665			

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 3-14-82	Date of Test 3-31-82	Producing Method (Flow, pump, gas lift, etc.) Pump 2" x 1 1/4" x 22' Rod Pump	
Length of Test 24 hr	Tubing Pressure -	Casing Pressure Open	Choke Size -
Actual Prod. During Test	Oil-Bbls. 5 1/2	Water-Bbls. 0	Gas-MCF 70

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

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 Calcutt
(Signature)
District Clerk
(Title)
April 30, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 11 1982, 19____
BY REDA
TITLE SECRET

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.