STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTAIBUTI	DM	_	
SANTA PE		†	1
FILE		+-	-
U.S.G.S.	 	 	
LAND OFFICE	LAND OFFICE		
TRAKIPORTER	OIL	1-	_
· · · · · · · · · · · · · · · · · · ·	GAS	1	
OPERATOR		1	
PROMATION CFF	юп		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

OPERATOR REQUEST FO	OR ALLOWABLE
	AND .
I. AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS
Operator	
Amoco Production Company	
Address	· · · · · · · · · · · · · · · · · · ·
P. O. Box 68 Hobbs, NM 88240	
P. O. Box 68 Hobbs, NM 88240 Reoson(s) for filing (Check proper box)	
	Other (Please explain)
The state of the s	To show initial completion in Bone
11 1 ===	Springs.
Change in Ownership Casinghead Gas	Condensate
If chance of any and in the	FLARED GAS MUST, NOT BE
If change of ownership give name and address of previous owner	**************************************
	IS OBTAINED IS OBTAINED
II. DESCRIPTION OF WELL AND LEASE	IS OBTAINED.
Leaus Name Well No. Pool Name, Including I	ormation Yind of Leave
State "NM" 1 Airstrip Uppe	er Bone Springs State, Federal or Fee State E-5014
Location	2. Some opinings state, receipt of recording to the State
Unulous B . 672 p. s . North	1980 Fact
Unit Letter B; 672 Feet From The North Li	ne and Feet From The East
Line of Section 35 Township 18-S Bange	24 5
Line of Section 30 Township 18-3 Range	34-E , NMPM, Lea County
III DECICNATION OF THE LAIGH COMME	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	LGAS
	Andress (Give address to which approved copy of this form is to be sent)
Amoco Production Company Trucks	P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casingheda Gas 🖂 or Dry Gas	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 liquias, Unit Sec. Twp. Rge.	is gas actually connected? When
give location of tanks. B 1 35 18-S: 34-E	No
If this production is commingled with that from any other lease or pool,	Tive committee
	gre comminging order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
UI CERTIFICATE OF COMPANY	_
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	H HIN A O 1004
been complied with and that the information given is true and complete to the best of	APPROVED 30N 22 1984
my knowledge and belief.	BY ORIGINAL MONTH THE TERRY SEXTON
	DISTRICT ESUPERVISOR
	TITLE
$\mathcal{U} = \mathcal{U} = \mathcal{U} = \mathcal{U}$	
- Hary C. Clark	This form is to be filed in compliance with RULE 1104.
(Signosure)	If this is a request for allowable for a newly drilled or deepened
<u>Asst. Admin. Analyst</u>	well, this form must be accompanied by a tabulation of the deviation that taken on the well in accordance with NULE 111.
(Title)	All tections of this form must be filled out completely for allow
6/21/84	able on new and recompleted wells.
(Da(e)	Fill out only Sections ! II III and W for channel
	and the or number, or transporter, or other such change of condition.
	Separate Forms C-104 must be filed for each pool in multiply completed wells.
1-F. J. Nash, Hou Rm 4.206 1-GCC	who watts,
1-Pacific Lighting Limesa 1-Txo, mid 1-Txo, Daccas	10 Of 1 Taxas Farman
1-BASS 1-Superior, mid. 1-Superior, Han 1-Southland	Royalty 1-Texas EASTERN
•	•

Designate Type of Comple	tion - (X)	OII Well	Gcs Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
Data Epudded	Date Compl	Ready to Pr		Total Depti	<u> </u>	<u> </u>		! . 	l
4/21/84	6/14/8			10900			P.B.T.D.	•	
Elovations (DF, RKB, RT, GR, etc.	, Name of Pro	ducing Form	otion	Top Oll/Gas Pay					
3977.5' GR	4	Bone Springs		9228'		Tubing Depth 9044'			
9228-46', 92 9390-9422' w	266-74', ~9 1/4 SPF.	9354-70'	, 9375-	-86',	9316-44'	, and	Depth Casir	ng Shoe	
		TUBING, C	ASING, AND	CEMENTI	NG RECORE)			
HOLE SIZE	CASH	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13	3-3/8"			317 '		400	OKS CEMEN	
		3-5/8"		39	994'		1600		
7-7/8"		5-1/2"		109	906 '		2275		
		2-7/8"		9()44'				
V. TEST DATA AND REQUES OIL WELL	T FOR ALLO	WABLE (T	est must be af ble for this de	ter recovery e	of total volum full 24 hours)	of load oil	and must be eq	ual to or exce	ed top allow
Date First New Oll Run To Tents	Date of Test			Producing Mathod (Flow, pump, gas lift, etc.)					
6/10/84	6/18/8	34		Flowing		•			
Length of Test	Tubing Pros	ema		Casing Pressure		Chore Size			
24 hours	910 ps	<u>i</u>		٠			12/6	4"	
Actual Pred. During Test	Oll-Ebls.			Water-Bbis.			Gan - MCF		

IV. COMPLETION DATA

286 bbls

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Ehut-in)	Chote Size
		i	!

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O.C.D. HO883 OFFICE

Gae - MCF

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MGF DRILLING COMPANY - MIDLAND P. 0. Box 6370 Midland, Texas 79711-0370 (915) 563-4850

INCLINATION REPORT

OPERATOR: Amoco Production Company

Attn: Mr. S. J. Okerson

P. O. Box 68

Hobbs, New Mexico 88240

LOCATION: State 'NM' Well No. 1,

Lea Co., New Mexico, 660' FNL X 1980' FEL, Sec. 35, T-18-S, R-34-E

Depth	Inclination	Depth	Inclination	Depth	Inclination
Feet	Degrees	Feet	Degrees	Feet	Degrees
318	3/4	8,830	1		
814	1/2	9,207	1/4		
1,305	3/4	9,628	0		,
1,823	1-1/4	10,093	1/2		
1,987	3/4	10,328	1/4		
2,782	1	10,900	1-3/4		
3,212	1-1/2				
3,716	1-1/4				
4,000	1/2				
4,492	1-1/4				
4,980	2				
5,120	1-1/4				
5,250	1-1/2				
5,634	1/4				
6,177	3/4				
6,650	1/2				
7,136	3/4			•	
7,678	1-1/4				
8,130	1-1/4				
8,339	1-3/4				

STATE OF TEXAS COUNTY OF MIDLAND

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

Korman Van Liew, Operations Manager

SUBSCRI3ED AND SWORN TO BEFORE ME this the 5th day of June , 19 84

Notary Public in and for the State of Texas Dianne Logue

My Commission Expires: 8-9-85