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İ	SANTA FE			1				
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į	U.S.G.S.				AL			
Ì	LAND OFFICE			_				
	IRANSPORTER	OIL GAS						
Ì	OPERATOR			T				
ı.	PRORATION OF	ICE						
•	Cperator							
ı	Amoco Production Co Address P.O. Box 68, Hobbs,							
1								
	Reason(s) for filing	(Check o	roper bo	x j				
	New Well				Cha			
	Recompletion				Oil			
	Change in Ownership	r 🗌			Cas			
	If change of owners and address of prev							
١.	DESCRIPTION OF WELL AND LEASE							
	Lease Name				We			
	Federal A	IF Com	<u> </u>					
	Location / Unit Letter	K	.; <u> </u>	980	_Fe			
	Line of Section	8	. т	ownshi	2			
I.	DESIGNATION OF TRANSPORTER OF							
	Matador Pipe line							
	Name of Authorized Transporter of Casinghead							
	Conoco							
	If well produces oil give location of tan	or liquid	s,	Uni	K			
	If this production i	s commi	ingled w	vith the	at fr			

SANTA FE	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-11		
FILE	_	Effective 1-1-65			
U.S.G.S.	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GA S		
LAND OFFICE					
IRANSPORTER GAS	-				
OPERATOR					
PRORATION OFFICE					
Amoco Product	ion Company				
Address					
P.O. Box 68,	Hobbs, NM 88240				
Reason(s) for filing (Check proper bo		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion Change in Ownership	Oil X Dry Go		,		
Shariqo, III Gwilliadaig					
f change of ownership give name and address of previous owner					
na address of previous owner	Sant.	1			
DESCRIPTION OF WELL AND		Parity Kind of Lee	ise Legse Wo.		
Federal AF Com	Weil No. Pool Name, including f	//	eral or Fee Federal NM-40448		
Lecation	1	5pt 111g3			
Unit Letter / K 1	980 Feet From The South L:	ne and 1980 Feet From	west		
o.m zetter					
Line of Section 8 . To	ownship 18-S Range	32-E , NMPM, Lea	County		
	OMEN OF OUR AND NAMED I. C.	A.C.			
DESIGNATION OF TRANSPORT Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Ab Address (Give address to which upp	roved copy of this form is to be sent)		
Matador Pipe line		P.O. Box 1558, Brec	kenridge, TX 76024		
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	!	roved copy of this form is to be sent)		
Conoco		P.O. Box 460, Hobbs			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	1	Mhen 12/9/81		
give location of tanks.	! K 8 18 32		12/3/01		
f this production is commingled w COMPLETION DATA	with that from any other lease or pool,	, give commingling order number:			
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty		
Designate Type of Complet	$\operatorname{ion} - (X)$		i i		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Froducing Formation	Top Otl/Gas Pay	Tubing Depth		
Lievations (Dr., RRB, RT, GR, etc.,	Name of Floatening Formation				
Perforations			Depth Casing Shoe		
		ID CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTHSEL	SACKS CEMENT		
			•		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load c lepth or be for full 24 hours)	oil and must be equal to or exceed top allow		
OU. WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Pred. During Test	Cil-Bhis.	Water - Bbls.	Gas-MCF		
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)	Cosing Pressure (Shut-in)	Choka Size		
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION COMMISSION			
I baselin comitte it is it.	d samulations of the Oil Community	APPROVED MAR 3 1982 , 19			
Commission have been complled	d regulations of the Oil Conservation with and that the information given	ORIGINAL SATE AND			
above is true and complete to t	the best of my knowledge and belief.	BY JENRY SEXTON			
1		TITLE SECTION OF STATE			
M/		This form is to be filed i	in compliance with RULE 1104.		
//arR<1	aller	If this is a request for all	lowable for a newly drilled or deepene		
<i>'</i>	gnature)	well, this form must be accome tests taken on the well in ac	spanied by a tabulation of the deviation cordance with RULE 111.		
AA		All sections of this form	must be filled out completely for allow		
(Title)	able on new and recompleted	wells.		

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, and VI for changes of owner, well name or number, or transporter, or other such change of amolition

#9 #7 #P7117 REELIVED 6444440110H

OIL CONSERVATION DIVIS. IN P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

AAHIA FF U 3.0.6. LAND DEFICE REQUEST FOR ALLOWABLE THANSPORTER OIL AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION OFFICE Amoco Production Company P. O. Box 68, Hobbs, Hobbs, NM 88240 Other (Please explain) New Wall Change in Transporter of Recompletion OIL Dry Gas To show gas connection date Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE well No. Pool Name, Including Formation Kind of Lease Lugae No. Federal AF Com. 1 Wildcat Bone Springs State, Federal or Fee NM 4044 Federa 1 Location 1980 Feet From The South Line and 1980 Unti Letter Feet From The West Township 18-S Range 32-E , NMPM, Lea County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of CII or Condensate Address (Give address to which approved copy of this form is to be sent) Amoco Production Company - Trucks
Name of Authorized Transporter of Casinghead Gas . O. Box 1183. Houston, IX
dress (Give address to a hiera account copy of this form is to be sent) or Dry Gas Five Greenway Plaza F. Houston, Conoco Unit Sec. Twp. Roe. If well produces oil or liquida, give location of tanks. K 8 18 32 Yes 12-9-81 If this production is commingled with that from any other lease or pool, give commingling order number COMPLETION DATA Workover New Well Deepen Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Pred. Total Depth P.3.T.D. 5-11-81 9-8-81 9415 12820 Elevations (DF, RKB, RT, GR, etc.) Top OII/Gas Pay "ame of Producing Formation Tubing Depth 3776.6 RDB Bone Springs 8350 8307 erlorations Dupth Casing Shoe 8350'-8510' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CHMENT 600 SX Class C 17-1/2" 670' 13-3/8" 12-1/4" 9-5/8" 4926 2900 SX Lt X 200 SX C1 8-3/4" 5-1/2" 2000 SX Class H 128201 2-7/8" 8307 ' 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 ye for full 24 hours) Producing Method (Flow, pump, gas lift, stc.) Date First New Oil Run To Tonks Date of Toot 9-4-81 9-8-81 Flow Choxa Size Length of Test Tubing Pressure Casing Pressure 24 hrs. 15/64 Gen-MCF Actual Prod. During Test Oll-Bbls. 40 354 320 360 GAS WELL Actual Frod. Tost-MCF7D Length of Test Bbis. Condensate A.U.CF Gravity of Condensate lesting Method (pitot, back pr.) Tubing Preseure (shut-in) Coling Pressure (Shut-in) Choke Size 0+4-NMOCD, H OIL CONSERVATION DIVISION E CERTIFICATE OF COMPLIANCE 1-W. Stafford, Hou 1-MDR 1-Hou APPROVEDJA 1-Susp I hereby certify that the rules and regulations of the Oil Conservation this is not have been compiled with and that the information given above is true and complete to the beat of my knowledge and belief. Orig. Signed by Les Clements Quality Insp. TITLE _ This form is to be filed in compliance with MULE 1104. Mark Randolph If this is a request for allowable for a newly drilled or despende well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. Assist. Admin. Analyst (1 ale)

12-17-81

(Date)

All anctions of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections 1, II, III, and VI for changes of owner, II 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.