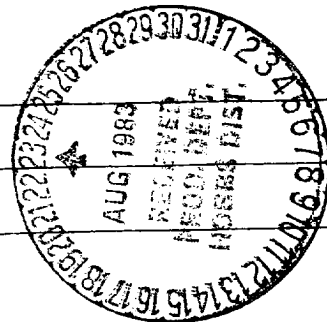


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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-111  
Effective 1-1-65

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 11-1-83  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.



Operator Amoco Production Company	
Address P. O. Box 68, Hobbs, New Mexico 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"/>

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. 11-1-83

II. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name State MX	Well No. 1	LG-1546
Pool Name, including Formation <u>Und. Scharb Wolfcamp</u>		Kind of Lease State, Federal or Fee
Location Unit Letter <u>D</u> <u>660</u> Feet From The <u>North</u> Line and <u>710</u> Feet From The <u>West</u>		
Line of Section <u>15</u> Township <u>19-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) Koch Oil Company P. O. Box 1558, Breckenridge, TX 76024			
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)			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 15	Twp. 19-S	Rge. 35-E
	is gas actually connected?		When	
	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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>
Date Spudded 3-28-83	Date Compl. Ready to Prod. 8-19-83	Total Depth 10750'	F.B.T.D. 10736'	
Elevations (DF, RKB, RT, GR, etc.) 3783.3' GL	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,454'	Tubing Depth 10,707'	
Perforations 10,454'-518', 10,600'-640', 10,662'-674'			Depth Casing Shoe 10,750'	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17-1/2"	13-3/8"	465'	650 sx Circulated	
11"	8-5/8"	4169'	1750 sx Circulated	
7-7/8"	5-1/2"	10750'	925 sx TOC 6290'	
	2-3/8"	10707'		

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 8-10-83	Date of Test 8-19-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test: 171	Oil-Bbls. 145	Water-Bbls. 26	Gas-MCF 120

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

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.

Larkin M. Serrano  
(Signature)

Administrative Analyst  
(Title)

8-22-83  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 25 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE

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 filled out for each pool in multiple completed wells.

RECEIVED

AUG 24 1983

O.C.D.  
HOBBS OFFICE

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AUG 23 1983

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