STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
AMOCO PRODUCTION COMPANY

Address
P.O. BOX 68 HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)
Authorization to transport casinghead gas from this well is to be obtained from the ~~Natural~~ Management Service. BLM

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.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal "AM"	1	N. Young Bone Springs R-8029 9/85	State, Federal or Fee Federal	NM 18252

Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 8 Township 18-S Range 32-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company (TRUCKS)	PO. Box 1558 Breckenridge, Texas
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	8	18-S	32-E	No	

If this production is commingled with that from any other lease or pool, give commingling order number: ____

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Uni Lafater
(Signature)
Administrative Analyst
(Title)
8 May 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 10 1985, 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 filed for each pool in multiply completed wells.

0+5 NMOCD-H, 1-JRB, 1-FJN, 1-NLG, 1-Galaxy, 1-Belco, 1-Gulf-Mid, 1-Cities Service.

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IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-25-85	5-6-85	10,500'	8965'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3789.8' GR	Bone Springs	8258'	8572'

Perforations	Depth Casing Shoe
8258'-66', 8282'-96', 8314'-22' 8334'-8492' (2 JSPF).	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20" Conductor	38'	3 yds redi mix
17½"	13⅜" 54.5#, K-55	406'	450 SX
12¼"	8 5/8", 32#, K-55	2800	1450 SX
7⅞"	5½" 17#, N-80	10,500'	2165 SX

V. 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 be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-17-85	5-6-85	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	390 PSI	1000 PSI	16/64"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	278	4	170

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**

RECEIVED
MAY 8 1985
HOBBS OFFICE

GCC

SIERRA DRILLING COMPANY
P. O. Box 2681 Midland, Texas 79702 (915) 563-3477

Donald L. Wallace
President

April 4, 1985

Amoco Production Company
P.O. Box 68
Hobbs, New Mexico 88240

Re: Federal "AM" No.1

Gentlemen

The following is a Deviation Survey for the above referenced well located in Lea County, New Mexico.

237 - 3/4	5390 - 1/2	7657 - 1 3/4
487 - 1	5924 - 1 3/4	7720 - 2 1/4
874 - 1	6090 - 1 1/4	7850 - 2
1365 - 1	6256 - 1 3/4	8008 - 1
1890 - 3/4	6475 - 2 1/4	8260 - 2
2380 - 1 1/4	6600 - 3	8386 - 1 3/4
2800 - 1/2	6690 - 2 3/4	8510 - 1 1/4
3351 - 1/2	6790 - 3	8804 - 1
3821 - 1/4	6946 - 2 1/2	9049 - 1
4290 - 1/2	7100 - 2	9540 - 1 3/4
4795 - 3/4	7266 - 1 1/2	10,043 - 2
	7425 - 1	10,170 - 2

Sincerely,

Garry L. Flynn

Garry L. Flynn
Drilling Superintendent

STATE OF TEXAS)
)
COUNTY OF MIDLAND)

The foregoing was acknowledged before me this 4th day of March, 1985

Milly C. Wilson
Notary Public

My commission expires 12/23/85.