

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amtex Energy, Inc.		Well API No. 30-025-31775
Address P.O. Box 3418, Midland, TX 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-1-93 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE THIS OFFICE			
Lease Name Record	Well No. 1	Pool Name, Including Formation Pearl - San Andres	Kind of Lease State, Federal or (Fee)
Location Unit Letter K : 2030 Feet From The South Line and 2310 Feet From The West Line Section 26 Township 19S Range 35E , NMPM, Lea County			Lease No. N/A

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian Corporation			Address (Give address to which approved copy of this form is to be sent) P.O. Box 838, Hobbs, NM 88240		
Name of Authorized Transporter of Casinghead Gas <input 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 K	Sec. 26	Twp. 19S	Rge. 35E	Is gas actually connected? No
When ?					
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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 11/5/92	Date Compl. Ready to Prod. 3/1/93	Total Depth 11,394'	P.B.T.D. 6,460'						
Elevations (DF, RKB, RT, GR, etc.) 3710' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4776'	Tubing Depth 5220'						
Perforations 5277' - 5289'			Depth Casing Shoe 11,394'						
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE 17.50" 11.00" 7.875"	CASING & TUBING SIZE 12.75" 8.625" 5.50"	DEPTH SET 350' 3,560' 11,394'	SACKS CEMENT 415sx Cl¹C¹W²2%CaCl₂ 1350sx Hal. Lt. + 270sx Prem W²2%CaCl₂ 3 stages pumped 795sx 1st, 780sx Prem. 2nd, & 775sx Microband 3rd Stage (2,350sx Cmt. Total)						

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 Tank 3/1/93	Date of Test 3/2/93	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 35 psi.	Casing Pressure Opsi	Choke Size 29/64
Actual Prod. During Test 73 BO	Oil - Bbls. 73	Water - Bbls. 41	Gas - MCF 153

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. OPERATOR 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 above is true and complete to the best of my knowledge and belief.	
Signature William J. Savage	Title President
Printed Name William J. Savage	Telephone No. 915/686-0847
Date 3/8/93	

OIL CONSERVATION DIVISION	
Date Approved	MAR 08 1993
By	ORIGINAL SIGNED BY DISTRICT SUPERVISOR
Title	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

