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U.S.G.S.		
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-105
Effective 1-1-65

Operator AMOCO PRODUCTION COMPANY	
Address BOX 367, ANDREWS, TEXAS 79714	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	FORMER: GILLULLY A FED #7
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name GILLULLY FED GAS CDM	Well No. 7	Pool Name, including Formation EUMONT - GAS	Kind of Lease State, Federal or Fee FED.	Lease No. LC-031736A
Location				
Unit Letter O	660	Feet From The SOUTH	Line and 1980	Feet From The EAST
Line of Section 24	Township 20-S	Range 36-E	NMPM, LEA	County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
NORTHERN NATURAL GAS	Box 2300, MIDLAND TX	
If well produces oil or liquids, give location of tanks.	Unit - Sec. - Twp. - Rge. -	Is gas actually connected? YES When 1-20-75

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X				X		X
Date Spudded OC 10-22-74	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
		3858'	3650'					
Elevations (DF, RKB, RT, GR, etc.) 3542' RDB	Name of Producing Formation QUEEN	Top Oil/Gas Pay 2683	Tubing Depth 3549'					
Perforations VARIOUS INTERVALS BETWEEN 2683 - 3613'			Depth Casing Shoe 3750'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		298'		200			
12 1/4"	9 5/8"		2515'		600			
7 7/8"	7"		3750'		300 + 200			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 450	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) ORIFICE	Tubing Pressure (Shut-in) (FLW 140) NA	Casing Pressure (Shut-in) PKR	Choke Size 48/64

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.

6-3-NMOC-14 1-DIV 1-101 1-05P 1-515P 1-KR4	Roy R. Yorkum (Signature) ADMINISTRATIVE ASSISTANT (Title) 1-20-75 (Date)
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OIL CONSERVATION COMMISSION	
APPROVED _____, 19 _____	
BY [Signature]	
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 multi-completed wells.