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DISTRIBUTION			<u> </u>	
SANTA FE	<u>.</u>	1		
FILE				
U.\$.G.S.			<u> </u>	
LAND OFFICE				
TRANSPORTER	OIL	<u> </u>		
	GAS	1	1	
OPERATOR		<u> </u>	<b>_</b>	
PRORATION OFFICE				
Operator				

-	DISTRIBUTION SANTA FE	REQUEST FOF A	IEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND			
-	U.S.G.S.	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL G	AS		
-	LAND OFFICE	A31,.3.11=111				
	FRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE Contraction					
	Amoco Production Company	/				
	P. O. Box 68 Hobbs, NI	M 88240	Other (Please explain)			
	Reason(s) for riling (Check proper box)  New Well	Change in Transporter of:	Request Allowab	le		
	Recompletion	Ctl Dry Gas				
	Change in Cwnership	Casinghead Gas Condensat	e			
	If change of ownership give name and address of previous owner	THIS WELL HAS BEEN F DESIGNATED BELOW. IF	YOU DO NOT CONCUR	e I Lease No.		
II. DESCRIPTION OF WELL AND LEASE NOTIFY THIS OFFICE    Lease Name   Name   Including Formation						
	Byers A	31 Und. Blinebr	4-1-82	100		
	Location	Feet From The North Line of	and 735 Feet From	The West		
	Unit Letter D : 660			Lea . County		
	Cine of Costs	nship 19-S Range 38-	-E , NMPM,	Lea		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appro	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Oil	*	D O Poy 1183 Hou	ston. TX		
	Name of Authorized Transporter of Cas	MOCO Production Company Trucks of Dry Gas Address (Give address to which approved copy of this form is to the leading the copy of this form is to the copy of the sound of the copy o				
	Phillips Petroleum Cor	0.	4001 Penbrook, Odes	hen		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rige.	Yes	2-12-80		
	give location of tailed	h that from any other lease or pool, g	ive commingling order number:			
ŧν	. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Rest		
	Designate Type of Completic			X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 7301'		
	77 5 70	6-1-80	7350 Top Otl/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation  Blinebry	5738'	5628		
	3627.3 RDB	Billebry		Depth Casing Shoe		
	5738-5974		COURTING RECORD	7350		
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	13-3/8"	398 '	450 SX Class C		
	17-1/2" 12-1/4"	9-5/8"	4305'	675 SX Lite, 200 SX C		
	8-3/4"	7"	7350 '	700 SX Class C		
		The must be at	feer recovery of total volume of load	oil and must be equal to or exceed top ail		
1	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 at able for this depth or be for full 24 hours) OII. WELL  Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Cil Bun To Tanks	Date of Test	Producing Method (Pibb., Pamp, 85)			
	6-1-80	Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	, using , issue		Gge-MCF		
	24 hr. Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	0		
	107	8	99			
	\ <u></u>					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Ebls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitor, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shur-in)	Choke Size		
			OH CONSES	RVATION COMMISSION		
	VI. CERTIFICATE OF COMPLIANCE 0+4-NMOCD, H  1-Hou 1-Susp 1-DMF 1-G. Ethridge  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.		APPROVED 1981 19			
			Jerry Se-	Jerry Servan		
			TITLE Diet 1. Supra This form is to be filed in compliance with RULE 1104.			
	1//all.	Treman	If this is a request for allowable for a newly distribution of the devise well, this form must be accompanied by a tabulation of the devise well, this form must be accompanied with RULE 111.			
	/ (S	ignature) dmin Analyst	well, this form must be accompanied by attempting tests taken on the well in accordance with RULE 111.  All sections of this form mails			
		dmin. Analyst (Title)	able on new and recomplete	able on new and recompleted wells.		

11-6-81 (Date)

Fill out only Sections I. II. III, and VI for changes of ow well name or number, or transporter, or other such change of condi-

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

Separate Forms C-104 must be filed for each pool in mul-completed wells.