

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR Amoco Production Company		Casinghead Gas MUST NOT BE PLACED AFTER 5/11/80 UNLESS AN EXCEPTION TO RULE 1104 IS OBTAINED.	
Address P. O. Box 68 Hobbs, NM 88024			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Deviation survey attached	
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 ownerTHIS 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 Capps	Well No. 32	Pool Name, Including Formation Und. Hobbs Drinkard	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter: L : 2026 Feet From The South Line and 516 Feet From The West Line of Section 3 Township 19-S Range 38-E, NMDM, Lea 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"/> Amoco Production Company - Trucks	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, TX					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 3	Twp. 19	Rge. 38	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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resist. Diff. Res. <input type="checkbox"/>
Date Spudded 3-17-80	Date Compl. Ready to Prod. 6-12-80		Total Depth 7100		P.B.T.D. 7050		
Elevations (DF, RKB, RT, GR, etc.) 3609.9 GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6665		Tubing Depth 6940		
Perforations 6665-6932					Depth Casing Shoe 7100		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
17-1/2"	13-3/8"		393'		450 Class C		
12-1/4"	9-5/8"		4300'		1100 Lite; 200 Class C		
8-3/4"	7"		7100'		650 Class C		

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-10-80	Date of Test 6-12-80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 32	Oil-Bbls. 32	Water-Bbls. 0	Gas-MCF 1288

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

0+4-NMOC, H 1-Mou , 1-Susp
1-BGBob Lawes
(Signature)

Admin. Analyst

6-24-80

(Date)

OIL CONSERVATION DIVISION

JUN 27 1980

APPROVED

BY

TITLE

SUPERVISOR DISTRICT I

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 drilled tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for the well to be on new and recompleted wells.

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

Separate Form C-104 must be filed for each pool in multi-completed wells.

INCLINATION REPORT

OPERATOR Amoco Prod. Co. ADDRESS Box 68, Hobbs, N.M. 88240
 LEASE NAME Capps #32 WELL NO. 32 FIELD
 LOCATION 660'FWL, 1980FSL, Section 3, T-19S, R-38E, Lea County

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
393	1	6.8775	6.8775
888	1	8.6625	15.5400
1613	1/4	3.1900	18.7300
2130	3/4	6.7727	25.5027
2627	3/4	6.5107	32.0134
3126	1	8.7325	40.7459
4121	3/4	13.0345	53.7804
4300	3/4	2.3449	56.1253
7100	3/4	36.6800	92.8053

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

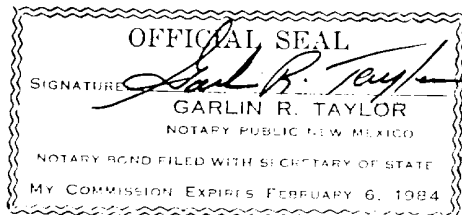
Rhonda Ford
 TITLE Rhonda Ford, Office Mngr.

AFFIDAVIT:

Before me, the undersigned authority, appeared Rhonda Ford known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Rhonda Ford
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 21st day of April, 19 80



Notary Public in and for the County
 of Lea, State of New Mexico