į	NO, OF COPIES RECEIVED	***		
	DISTRIBUTION	NEW MEXICO OIL CO		
	SANIAFE	REQUEST F		
	U.S.G.S.			
Ì	LAND OFFICE	AUTHORIZATION TO TRAN		
	OIL			
	TRANSPORTER GAS			
	OPERATOR			
ī.	PRORATION OFFICE			
	Cperator			
	Amoco Production Company			
	Address			
	P. 0. Box 68,	Hobbs, New Mexico 8824		
	Reason(s) for filing (Check proper box)	Change in Transporter of:		
	New Well /V Recompletion	Oil Dry Gas		
	Change in Cwnership	Casinghead Gas Condens		
	If change of ownership give name			
	and address of previous owner			
11.	I. DESCRIPTION OF WELL AND LEASE			
	Lease Name	Well No.; Fool Name, Including Fo		
	McKinley	20 Bowers Seven		
	Lecation			
	Unit Letter F ; 178	Feet From The North Line		
	Line of Section 5 Tow	mahip 19-5 Ranga		
178	DESIGNATION OF TRANSPORT	TTP OF OH AND WATURAL GA		
.11.	DESIGNATION OF TRANSPORT   Name of Authorized Transporter of Cil	or Condensate		
	Amoco Production Com	npany (Trucks)		
	Name of Authorized Transporter of Cas	ungkead Gas or Dry Gas		
	If well produces oil or liquids,	Unit Sec. Twp. Ege.		
	give location of tanks.	N 5 19 38		
	If this production is commingled with that from any other lease or pool,			
IV. COMPLETION DATA				
	Designate Type of Completion			
	Date Spudged	Date Compl. Renay to Prog.		
	11-29-81	4-5-82		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		
	3621.1 GL	Bowers Seven Rivers		
	Perforations			
	3117'-21, 3142'-46', 3173'-80', 3209'-22'			
		TUBING, CASING, AND		
	HOLE SIZE	CASING & TUBING SIZE		
	12-1/4	9-5/8		
	8-3/4	/		
		2-7/8		
	TOOM DAME IND PROGRAM SOR ALL OWE WAY			
¥	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de		
	OIL WELL Date First New Oil Run To Tanks	Date of Test		
	3-8-82	4-5-82		
	Length of Test	Tubing Pressure		
	24 hrs.			
	24 hrs. Actual Prod. During Test	Oil-Bbls.		
	3	2		
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		
	L			
¥	. CERTIFICATE OF COMPLIAN	CE		

## ONSERVATION COMM. JSION FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-11

511.5	H KEWUESI F	-UK ALLUWABLE	Effective 1-1-65		
U.S.G.S.		AND			
LAND OFFICE	AUTHORIZATION TO TRAF	NSPORT OIL AND NATURAL	GAS		
OIL					
TRANSPORTER GAS					
OPERATOR					
PROPATION OFFICE		OACONO DA OA			
Operator		CASINGREAD GAI			
Amoco Produc	ction Company	UNE AL AN EXC	- y y		
	3. Hobbs, New Mexico 8824	KG ORDATED			
P. U. DOX OC Reason(s) for filing (Check proper box		Other (Please explain)			
New Well	Change in Transporter of:	Request Allow	able		
Recompletion	Oil Dry Gas		1', 3142'-46',		
Change in Cwnership	Castnghead Gas Condens	1 1 1	09'-22'		
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND Lease Name	LEASE   Well No.; Fooi Name, including Fo	rmation   Kind of Lee	ise Lease No.		
McKinley	20 Bowers Seven		Foo		
Legation			·		
	785 Feet From The North Line	e and 1810 Feet From	n The West		
Unit Letter ; 17	OJ Feet From the NOT CIT Line	e dna	n the MCSU		
Line of Section 5 To	ownship 19-5 Range	38-E, NMPM,	Lea County		
DESIGNATION OF TRANSPOR	RTER OF OIL AND MATURAL GA	S			
Name of Authorized Transporter of C		Address (Give address to which upp P. O. Box 1183, Hous	roved copy of this form is to be sent;		
Amoco Production Co		t and the second	roved copy of this form is to be sent)		
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which app	woved copy by this form is to be senty		
	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.					
	N 5 19 38	No.			
	with that from any other lease or pool,	give commingling order number:			
COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty.		
Designate Type of Complet	$ion - (X)$ $\chi$	X			
Date Spudged	Date Compl. Regay to Prog.	Total Depth	F.B.T.D.		
11-29-81	4-5-82	3402	3352		
Elevations (DF, RKB, RT, GR, etc.)	1	Top Oil/Gas Pay	Tubing Depth		
3621.1 GL	Bowers Seven Rivers	3117	3030		
Perforations			Depth Casing Shoe		
3117'-21, 3142'-46	', 3173'-80', 3209'-22'	ACTUENTING STEEDING	3402		
		CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	9-5/8	402	250 C1C		
12-1/4 8-3/4	9-5/6	3402	700 lite 200 ClC		
0-3/4	2-7/8	3030	700 1100 200 010		
	2-1/0	3000			
TEST DATA AND DEGUEST	FOR ALLOWANIE. (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow		
OIL WELL	able for this de	epth of de for full 24 hours;			
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)		
3-8-82	4-5-82	Pumping	Choka Siza		
Length of Test	Tubing Pressure	Casing Pressure	Choza siza		
24 hrs. Actual Pred, During Test	Out Bill	Water - Bbls.	Gas - MCF		
Actual Prod. During Test	Oil-Ebls.	Wdte Ebis.	0		
3					
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	-				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION		
		11			
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED APR &	<u>1382</u> , 19		
Commission have been complled	i with and that the information given the best of my knowledge and belief.	ORIGINAL SIGNED BY			
above is true and complete to t	the pear of thy knowledge and belief.	JEKKI 32.			
. 1		TITLEDISTRICT !	SUPR.		
127 /	2000	This form is to be filed	in compliance with RULE 1104.		
71/an J	Meman	If this is a request for allowable for a newly drilled or deepened			
	gnature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accompance with RULE 111.			
	dmin. Analyst	All sections of this form	All sections of this form must be filled out completely for allow		
	(Title)	able on new and recompleted	able on new and recompleted wells.		
	4-20-82	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			
•	(Date)		nust be filed for each pool in multipl		
		completed wells.			
		-			

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POSS OFFICE