

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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-110
Effective 1-1-65

Operator Amoco Production Company	
Address BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name GILLULLY B Federal Land	Well No. 11	Pool Name, Including Formation EUNICE GSA	Kind of Lease State, Federal or Fee FED	Lease No. LC-031736-(b)
Location				
Unit Letter F ; 1980 Feet From The NORTH Line and 1980 Feet From The WEST				
Line of Section 22 Township 20-S Range 37-E , NMPM, LEA County				

III. 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
PHILLIPS PETROLEUM CO.	PHILLIPS BLDG. ODESSA TEXAS	
If well produces oil or liquids, give location of tanks.	Unit 11	Sec. 20-S
	Twp. 37-E	Rge. LEA
	Is gas actually connected? YES (PHILLIPS STA) When 6-22-71	

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 type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded OC 6-14-71	Date Compl. Ready to Prod. 6-21-71		Total Depth 6894'		P.B.T.D. 5585			
Elevations (DF, RKB, RT, GR, etc.) 3549' R.D.B.	Name of Producing Formation GSA		Top Oil/Gas Pay 3685		Tubing Depth			
Perforations 3685-87, 96-98, 3710, 16-20, 22-26, 29, 36-41, 44-49, 52-54, 57-61, 69-73, 3717					Depth Casing Shoe 6829			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1218'		700 Sx CIRC			
7 7/8"	5 1/2"		6829'		620 "			

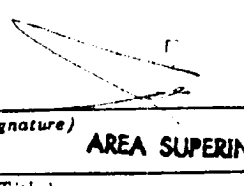
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

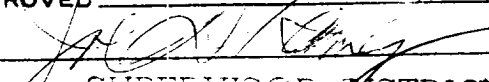
Date First New Oil Run To Tanks	Date of Test 6-21-71	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24	Tubing Pressure 380	Casing Pressure	Choke Size 28/64"
Actual Prod. During Test 11	Oil - Bbls. 0	Water - Bbls. 11 BLIN	Gas - MCF 1314

Actual Prod. Test-MCF/D	Length of Test "	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I, _____, certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given herein is true and complete to the best of my knowledge and belief.

013-NMOCC-H	
1-ACJR	
1-OBP	
1-JEL	
1-Susp	
1-RRY	(Date) JUN 21 1971

OIL CONSERVATION COMMISSION JUN 24 1971	
APPROVED	19
BY	
TITLE	SUPERVISOR DISTRICT

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 multiply

RECEIVED

JUN 23 1971

**OIL CONSERVATION COMM.
HOBBS, N. M.**