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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-110
Effective 1-1-65

1. Operator AMOCO PRODUCTION COMPANY		CASINGHEAD GAS MUST NOT BE FLARED AFTER 8/1/76 UNLESS AN EXCEPTION TO R-4076 IS OBTAINED.	
Address P.O. DRAWER A, LEVELLAND, TEXAS 79336			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Request for Allowable	
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE				
Lease Name ROCK LAKE UNIT	Well No. 1	Pool Name, including Formation WILDCAT - BONE SPRINGS	Kind of Lease State, Federal or Fee STATE	Lease No. L-1926
Location				
Unit Letter L	1980	Feet From The SOUTH	Line and 660	Feet From The WEST
Line of Section 28	Township 22-S	Range 35-E	, NMPM, LEA County	

I. 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, TEXAS		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 28	Twp. 22	Rge. 35
				Is gas actually connected? No
				When

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover
			Deepen	Plug Back
			Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 1-27-76	Total Depth 14,129'	P.B.T.D. 9025'	
Elevations (DF, RKB, RT, GR, etc.) 3581 RDB	Name of Producing Formation BONE SPRINGS	Top Oil/Gas Pay 8720	Tubing Depth 8814	
Perforations 8720-30', 8738-50', 8766-8804' w/ 1 JSPF			Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	

VI. 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 12-1-75	Date of Test 6-1-75	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HR	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 5	Oil-Bbls. 5	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 _____, 19____	
BY John W. Runyan		BY _____	
TITLE _____		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 multiply			

3 NMOCC - Hobbs

1- Div.

1- SWP

1- RC

1- OBP

1- JEL

2- Others

Ray W. Cox
(Signature)
Administrative Assistant
(Title)
June 2, 1976
(Date)