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

< DEVIATION SURVEYS - BACK SIDE >

I.

Operator: AMOCO PRODUCTION COMPANY

Address: BOX 367, ANDREWS, TEXAS 79714

CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/1/75 UNLESS EXCEPTION TO R-4070 IS OBTAINED

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain): AMOCO PROD CO (TRUCKS) EFF 11-1-74. FORMERLY PERMIAN CORP TRUCKS

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE — Rock Lake-Wolfcamp

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
ROCK LAKE UNIT	1	~~WILDCAT~~ WOLFCAMP R-4957	State, Federal or Fee STATE	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

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
AMOCO PRODUCTION COMPANY (TRUCKS)	BOX 1183, HOUSTON, TEXAS
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	28	22	35	NO	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-12-74	10-8-74	14129'	13420'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3581' RDB	WOLFCAMP	11692'	
Perforations			**Depth Casing Shoe**
11692, 94, 96, 97, 98, 11700, 01, 03, 28, 30, 32, 34, 38, 40, 42, 43,			14050'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	369'	Circ
13 3/4"	10 3/4"	4506'	775 Sx - 2 Stage
9 1/2"	7 5/8"	11335'	2350 Sx.
6 1/2"	5 1/2" LINER	11252' - 14050'	425 0 Sx

V. 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 allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, gas lift, etc.)	
10-8-74	1-26-74	FLOW. & PMP	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	—	—	PMP
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
114	53	61	TSTM

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**

VI. CERTIFICATE OF COMPLIANCE

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.

Roy L. Graham
ADMINISTRATIVE ASSISTANT
(Title)
OCT 28 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 operator, well name or number, or transporter, or other such change of condition.

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

cc 3-NMOCC-H
1-DIV
1-SUSP
1-RBH
1-O&P
1-J&L
12-OTHERS

DEVIATION SURVEYS

DEPTH	DEGREE
175	1 -
615	1 -
974	1 -
1470	- ½
1885	"
2130	¼
2328	½
2530	"
2710	¾
3224	"
3570	½
4046	"
4110	2 -
4238	¾
4777	2 ¾
5060	1 ½
5228	1 ¼
5529	2 ½
5703	2 ¼
7044	1 ¾
7740	3 -
8264	¾
8860	"
9187	2 ¾
10560	1 ½
11203	¼
12110	2 -
12469	3 ¼

DEPTH	DEGREE
12500	4°
12532	3 ¾
12575	"
12628	3 ¼
12696	6 -
13082	2 ½
13518	No Read
14107	3 ¼

TD 14129

The above are true to the best of my knowledge.

Roy L Yates

ADMINISTRATIVE ASSISTANT
AMOCO PRODUCTION COMPANY

Sworn to this 26th day, October 26 1974.

Notary Public In + for Anaconda, Mont.

My Commission expires 6-1-75

NOTARY PUBLIC
STATE OF MONTANA
COMMISSION EXPIRES
JUNE 1, 1975