NO. OF COPIES ALLIVED			14 m	· ·
SANTA FE		ONSERVATION COMMIS		014 C-104 and C+14
F IL.E	AND Elfective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND N	TURAL GAS	
LAND OFFICE	_		-	
THANSPORTER GAS				
OPERATOR	-			
PROBATION OFFICE	<u> </u>			
Amoco Product	tion Company			
Address				<u></u>
	A, Levelland, Texas 793			
Reason(s) for filing (Check proper bo	Change in Transporter of	Other (Please e	plain)	· .
New Well X		• □		
Change in Ownership	Casinghead Gas Conden	isate		
If change of ownership give name				
and address of previous owner	<u>.</u>	••	······································	·····
DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including Fo		ate, Federal of Fee Federa]	Lease :10.
Gillully "B" Fed	16 Eumont Queen	<u>_</u>	rederal	<u>LC-031736</u>
- M 66	50 Feel From The South	e and 660	Feet From The West	•
Unit Letter;;			· · · · · · · · · · · · · · · · · · ·	
Line of Section 22 To	ownship 20-S Range	37-Е , ммрм,	Lea	County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	S		
Name of Authorized Transporter of O	Il or Condensate	Address (Give address to	which approved copy of this form is	i to be sent)
			which approved copy of this form is	to be cent)
Northern Natural'Gas	asinghead Gas 🚺 or Dry Gas 🔀	Box 2300, Midla		, to be senty
······································	Unit Sec. Twp. Pge.	Is gas actually connected		
If well produces oil or liquids, give location of tanks.	M 22 20-S 37-E	No	Est, 10-15-77	7
If this production is commingled w	ith that from any other lease or pool,		umber:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same H	es'v. Diff. Res'v.
Designate Type of Completi		X		9
Date Spudded_	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
8-20-77	9-28-77	3999'	3734 ' Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.) 3509.7 GR	Name of Producing Formation Queen	Top Oil/Gas Pay 3527'	3962	
Perforations]	Depth Casing Shoe	
3527'-62'				
		CEMENTING RECORD	SACKS CE	TMENT
HOLE SIZE	CASING & TUBING SIZE	<u>рертн set</u> 1218'	600 SX Class	
<u>11"</u> 7-7/8"	<u>8-5/8"</u> 5½"	3970'	830 SX Class	
1-118	2-3/8"	3962'		
		j	l	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume pth or be for full 24 hours)	of load oil and must be equal to cr	r exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Freducing Method (Flow,)	ump, gas lift, etc.)	
			Choke Size	
Longth of Test	Tubing Pressure	Casing Pressure	Chore Size	
Actual Prod. During Test	Oll-Bble.	Water-Bbls.	Gae • MCF	
GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensa	te
•	4 Hrs.	-0-	-	
924 Testing Hothed (pitol, back pr.)	Tubing Pressure (Shut-iu)	Casing Pressure (Shut-1.		
Back Pressure	400	NA	16/64	
CERTIFICATE OF COMPLIAN	ICE		INSERVATION COMMISSI	NC
		APPROVED	C 2 2 197	., 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			unito.	
above is true and complete to th	he best of my knowledge and belief.	BY	VISON LISTRICT I	
		TITLE		
		This form is to b	e filed in compliance with mut	LE 1104.
Kay W. Co	<u> </u>	If this is a request for allowable for a newly difficiter deepend well, this form rout the accomponied by a tabulation of the Ceviation		
(514	nature)	tests taken on the well in accordance with rock ton		
Administrative Ass	sistant	All sections of this form must be filled out completely for allow- eble on new and as completed viells.		
9-30-77		I was only to	shown I 11 HI and VI for ch	staught of overet.
	Julej	well name or number,	or transporter, or other such cha.	nge of condition.