

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

I. Operator AMCO Oil and Gas Company
Division of Atlantic Richfield Company

Address
Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner THIS WELL HAS BEEN PLACED IN THE PUBLIC DOMAIN BY THE STATE OF NEW MEXICO

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>State 157 "D"</u>	<u>12</u>	<u>Drinkard R-6274</u>	<u>State, Federal or Fee State</u>	

Location

Unit Letter N ; 660 Feet From The South Line and 2310 Feet From The West

Line of Section 12 Township 22S Range 36E , NMFM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>The Permian Corp</u>	<u>Box 1183, Houston, TX</u>	
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)	
<u>Warren Petroleum Co.</u>	<u>Box 1589, Tulsa, Oklahoma</u>	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	<u>N</u>	<u>12</u>	<u>22S</u>	<u>36E</u>	<u>Yes</u>	<u>12/26/79</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
<u>X</u>	<u>X</u>		<u>X</u>					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>11/18/79</u>	<u>12/26/79</u>	<u>6800'</u>	<u>6752'</u>

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	<u>Drinkard</u>	<u>6513'</u>	

Perforations	Depth Casing Shoe
<u>6513, 15, 18, 22, 34, 39, 42, 44, 52, 56, 58, 64, 72, 76, 84, 87, 90',</u>	<u>6800'</u>

6610, 20, 23, 36, 38, 51, 59' TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>9-5/8" OD</u>	<u>1216'</u>	<u>550</u>
<u>8-3/4"</u>	<u>5 1/2" OD</u>	<u>6800'</u>	<u>3445</u>
	<u>2-7/8" OD</u>	<u>6398'</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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.)	
<u>12/25/79</u>	<u>1/1/80</u>	<u>Flow</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>	<u>200#</u>	<u>Pkr</u>	<u>32/64"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>129 bbls</u>	<u>99</u>	<u>30</u>	<u>264</u>

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

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.

[Signature]
(Signature)

Dist. Dir. Supt.
(Title)

1/4/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Orig. Signature

TITLE Chairman

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 completed wells.