_				
s	NO. OF COPIES RECEIVED UISTRIBUTION ANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Supersedes Old C-104 and C-110
	ILE			
	RANSPORTER			
	GAS DPERATOR PRORATION OFFICE			BAT No. 2
	Amoco Production Compa	any	\	
7	BOX 68, HOBBS, N. M. 88240			
F	BOX 08, HOBBS, IL IN COLLE		Other (Please explain)	
:	Jew Well	Change in Transporter of: Oil Dry Gas		
	Recompletion A Change in Ownership	Casinghead Gas Condensate		<u> </u>
L Ii a	change of ownership give name nd address of previous owner	Cancell	allowables for An	inkurd + Klmebry
II. DESCRIPTION OF WELL AND LEASE. Well No. Pool Name, Including Formation Kind of Lease Lease No.				
	STOTE (TRACTIC	3 FENROSE SHE	CLY - GRAYAURG State, Federal o	Fee JTATE B1557
P	Location	30 Fast From Th SORTH Line a	nd 660' Feet From The	WEST
	Unit Letter <u>E</u> ; <u>198</u>	Feet From The DRTH Line a	2.5 /5	
l	Line of Section 18 Town	nship 21-3 Range J	/-E , NMPM, LE/	Y
m.	Permian (Eff. 9/1/87) DESIGNATION OF TRANSPORT	ER OF OREIANIAD (ENTEURA ZOCAS	vidress (Give address to which approve	l copy of this form is to be sent)
Name of Authorized Transporter of Corport     or Condensate     Address (Give address to which approved copy of this form is to be sent)       Name of Authorized Transporter of Corport     OP Permian (19.80) (19.00)     Box     MIDIAND     EXA S       THE FEMIAN     Optimized Gree     or Dry Gas     Address (Give address to which approved copy of this form is to be sent)				
	Name of Manoritan Frank	Inghead Gus		HOMA
	WARREN FETRE	Unit Sec. Twp. P.ge. 1	s gas actually connected? When	_
	If well produces cil or liquids, give location of tanks.	D 16 21 37	YES	<u>7-8-72</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'v. Diff. F				
	OC. 7-5-72 Elevations (DF, RKB, RT, CR, etc.)		Top Oil/Gas Pay	Tubing Depth
	3481 DE	(PENROSE) GRAYBURG	3721	3780' Depth Casing Shoe
	Perforations 6660			
	5121-2-1, 51 11, 52	TUBING, CASINO, AND	DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	322	1500
	12 "	9 5/8"	2900 '	775
	8 74 "	· · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exc OIL WELL Date First New Oil Bun To Tanks Date of Test Date of				
				t, etc.)
	7-11-72	7-27.72 Tubing Pressure	Casing Pressure	Choke Size
	Length of Test			Gas-MCF
	Actual Prod. During Test	он-вы. 25	Water-Bbls.	55 (bor 2200
	20			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D		Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		
v	I. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVA	TION 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	
			BY All Almen	
			TITLE SUPERVISOR DISTRICT I	
	2		mult form is to be filed in compliance with RULE 1104.	
			If this is a request for allowable for a newly drilled or deepend of this is a request for allowable for a newly drilled or deepend the deviation of the deviation of the deviation	
e.	(Signature) AREA SUPERINTENDENT		well, this form must be accompanied by with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow	
0.	0+4. M. Stern / (Tule) 1 02 1072		able on new and recompleted wenter	
	1. 677 1 - 67529	(Date)		
	I-OBP		Separate Forms C-104 mu completed wells.	st be filed for each in multip