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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JUL 9 10 42 AM '69

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
Operator  
**Amstar Production Company**  
Address **P.O. Box 247, Hobbs, New Mexico 88240**  
Reason for requesting this form:  
New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>E. W. Welden</b>	<b>9</b>	<b>Parsons - Skelly Grayburg</b>	<b>Fee</b>	
Unit Letter <b>F</b>	<b>1630</b>	Feet From The <b>North</b>	Line and <b>1830</b>	Feet From The <b>West</b>
Line of Section <b>15</b>	Township <b>22S</b>	Range <b>37E</b>	NMPM,	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 (Copy of this form is to be sent)
<b>Shell Pipe Line Company</b>	<b>P.O. Box 1810, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Copy of this form is to be sent)
<b>Skelly Oil Company</b>	<b>P.O. Box 372, Lunco, New Mexico 88231</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	<b>M 15 22S 37E</b>

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. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>5/22/69</b>	<b>6/23/69</b>	<b>4000'</b>	<b>4000'</b>					
Perforations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>3400' GA 8" AKS</b>	<b>Grayburg</b>	<b>3761'</b>	<b>3810'</b>					
<b>3400' - 3611' - 47, 3775' - 81, 3784' - 90', 3810' - 18, 3824' - 28', 3832' - 36', 3840' - 48, 3853' - 50' (42 holes)</b>			<b>4000'</b>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>11"</b>	<b>8 5/8" 24'</b>	<b>395'</b>	<b>245 Sacks - circulated</b>
<b>7 7/8"</b>	<b>5 1/2" 10, 40' J-55</b>	<b>4000'</b>	<b>330 sacks</b>
	<b>2 7/8" C D EUE</b>	<b>3900'</b>	

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<b>7/5/69</b>	<b>7/5/69</b>	<b>Pump</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24 hours</b>			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<b>418 bbls</b>	<b>77</b>	<b>541</b>	<b>292.6</b>

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.

OIL CONSERVATION COMMISSION  
APPROVED **JUL 10 1969**, 19  
BY **[Signature]**  
TITLE **[Signature]**

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.

**District Superintendent**

**7/8/69**

(Signature)

(Title)

(Date)