ADDITION DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerais and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Ameria, NM 88210

Santa Fe, New Mexico 87504-2088

I.	REQUES	ST FOR ALL TRANSPO	OWABLE	AND AUTH	HORIZ	ATION	ı		
Operator			M OIL AIL	D INATURA	AL GAS		API No.		
Amoco Production									
P. O. Box 3092, H	ouston TY 77252	3002							
Keason(s) for Filing (Check proper	baxi	3032	×	Other (Plea	te emiain				
New Well	Cha	inge in Transporte		Chana	a l	,		. 0	
Recompletion XX	Oil	Dry Gas		-1.50-1.9	2 Mas	ہمر دی	ame from	m. South	" matty
Change in Operator If change of operator give name	Casinghead Ga	Condensar	re	unet.	* Dila	U #5			
and address of previous operator									
II. DESCRIPTION OF W	TIL AND LEACE								
Lease Name A		li No. Pool Nam	e Inchuding Eco						
South Mattix Walt	Federal 5		wler Fusse			Kind	of Lease Federal or Fe		Lease No.
Location									032450(a)
Unit LetterH	: 1980	Feet From	The North	Line and	660'	-	F ***	East	
Section 22 To	washin 24					r	eet From The	Last	Lin
		Range	37	, NMPM,	Lea	, NM			County
III. DESIGNATION OF T	RANSPORTER O	F OIL AND	NATTIDAL	CAS					
	Oil or Co	ondensate	Addre	44 (Give address	s to which	anerous	t come of this is		
Scurlock Permian			- !			-pp one	сору ој тив ј	OFM IS 10 DES	ent)
Name of Authorized Transporter of Sid Richardson Carb	Catinghead Gas	or Dry Gas	Addre	ES (Give address	s to which	approved	copy of this i	W 12 10 h = -	
If well produces out or tiquids,								12 10 06 1	enu)
give location of tanks.	Unit Sec.	2 24S	Rec. is gas	actually connect Yes	ted?	When			
If this production is commingled with IV. COMPLETION DATA	that from any other less	# OF 9004 Supple		res			4-3-9	2	
IV. COMPLETION DATA		- or poor, give co	erampland our	T Dumber:					
Designate Type of Complex	Oil	Well Gas \	Well New	Well Workon		\	,		
Designate Type of Complete		××		I	l AEL I T	Эсерев	Plug Back	Same Res'v	Diff Resv
Date Springer	Date Compi. Read	ty to Prod.	Total [P.B.T.D.		XX
Elevanons (DF, RKB, RT, GR, etc.)	4-16-92			1,150			7365		
. 3247 DF	Name of Producin FUSSELM		Top Oi	Gas Pay			Tubing Deput	·	
Perforations	- TOSSELP	IAN							
727090							Depth Casing	Shoe	
	TUBIN	G. CASING	AND CEME	APPRIC DEC	2000				
HOLE SIZE	CASING &	TUBING SIZE	MAD CLAVIT	DEPTH S					
NO CHAVOT				DEFIN	SE 1		SA	ACKS CEME	NT
NO CHANGE									
V. TEST DATA AND REQU	EST FOR ALLO	WADIE							
OIL WELL Test must be aft.	er recovery of total volum	W ALDILE.							
Date First New Oil Run To Tank	er recovery of total volume. Date of Test	,	Producin	o or exceed top	allowable	for this	depth or be for	full 24 hours	1.)
4-16-92	10-9-92		Pumi	6 monton (1,104	v. pump, go	25 lýt, etc	:.)		
zenkru or 1ea	Tubing Pressure		Caring P				Choke Size		
24 hours Actual Prod. During Test									
- Frank 16st	Oil - Bbls.		Water - I	ble			Gas- MCF		
GAS WELL	251		81				180		
CHAS WELL ACTUAL Prod. Test - MCF/D									
TOL TOL - MCF/D	Length of Test		Bbis. Cor	denmie/MM			MANUEL OF CO.		·
sting Method (puot, back pr.)							Gravity of Con-	ocusate	
The state of the s	Tubing Pressure (Shi	uk-in)	Casing Pr	essure (Shus-in			hoke Size		
I OPERATOR CERTIFIE	C								
I. OPERATOR CERTIFIC I hereby certify that the rules and reg	CATE OF COM	PLIANCE		011 00				·	
may be to been complised with an	of the state and	TVILLIOD		OIL CO	NSE	RVAT	TION DI	VISION	1
is true and complete to the best of my	knowledge and belief.	ACE TOOAS							
	1		Da	te Approv	ed		NO	V 3 0 '9	2
SIRDADITE	ence								
Devina M. Prince	Staff Assista	ant	By	JRIGINA	SIGNE	D BY	IERRY SEXT	TON:	
Printed Name	N2212FG	Title	.	2 3	STHOT	SUPS	RVISOR	W/N	
11-20-92 Date	(713) 596-768		Titl	e		_			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I. II. III., and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.