

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

(DEVIATION SURVEYS - ATTACHED)

1. OPERATOR	Amoco Production Company		
ADDRESS	BOX 68, HOBBS, N. M. 88240		
REASON FOR FILING (Check proper box)	Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	FLARED AFTER 11/11/72
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.			
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.
MYERS B FEDERAL	25	LANGLIE MATTIX - OIL	State, Federal or Fee FED.	NM-7488
Location				
Unit Letter	D	660	Feet From The NORTH	Line and 660
			Feet From The WEST	
Line of Section	21	Township	24-S	Range 37-E
			NMPM,	LEA
			County	

I. 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)		
THE PERMIAN CORP (TRUCKS)				Box 3119, MIDLAND TEXAS		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	21	24	37	NO	

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8-27-72	9-9-72		3696'		3672'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3242 GL-3251 RDB	QUEEN		3436'		3630'			
Perforations	TUBING, CASING, AND CEMENTING RECORD				Depth Casing Shoe			
3400-01, 20-22, 42-43, 48-49, 58-59, 71-73, 78-79, 87-89, 92-94, 98-99, 3504-06, 11-12, 22-26, 29-34, 45-46, 71-72, 86-92, 95-98, 3610-12, 19-20, 21-22, 25-26 w/2JSPE					3696'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		365'		225- Circ			
7 7/8"	5 1/2"		3696'		250			

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL				(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 of Test	Producing Method (Flow, pump, gas lift, etc.)						
9-11-72	DmP						
Tubing Pressure	Casing Pressure		Choke Size				
24							
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF				
52	36	16 BLW	737M				

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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 SEP 21 1972	
BY		BY	
TITLE		TITLE	
SUPERVISOR DISTRICT I		SUPERVISOR DISTRICT I	
This form is to be filed in compliance with RULE 1104.		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.		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.		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.		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.		Separate Forms C-104 must be filed for each pool in multiply completed wells.	

RECEIVED

SEP 21 1972

OIL CONSERVATION COMM.
FED. N. M.