

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AMR ENERGY CORPORATION		(from AA ENERGY CORPORATION)	
Address		1500 Fidelity Union Tower Dallas, TX 75201	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change of operator name only.	
Recompletion	<input type="checkbox"/>	Corporate structure unchanged.	
Change in Ownership	<input type="checkbox"/>		
If change of ownership give name and address of previous owner		AA Energy Corporation, same address as above	

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Toby	2	Langlie-Mattix (Seven Rivers)	State, Federal or Fee Fee	
Location				
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West				
Line of Section 7 Township 24S Range 37E NMPM, Lea County				

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)			
Shell Pipeline Corporation	P. O. Box 1910, Midland TX 79702			
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.
	L	7	24S	37E
Is gas actually connected?	When			
No				

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

COMPLETION DATA				
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover
X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
6/29/47	7/23/47	3570		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
KB 3332	Seven Rivers	3480	3564	
Perforations	Depth Casing Shoe			
O.H. from 3423' KB to 3570' TD	3423			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13-3/8"	150'	200
11"	8-5/8"	2789'	700
7-7/8"	5-1/2"	3423'	250
	2" eve	3564'	

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 First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	MAY 29 1985
	APPROVED _____, 19 _____
	ORIGINAL SIGNED BY JERRY SEXTON
	BY _____ DISTRICT SUPERVISOR
	TITLE _____
	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 deviated 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 multiple completed wells.

Gary L. Stone, P.E.  
(Signature)  
Gary L. Stone, Staff Engineer  
(Title)  
1/11/85  
(Date)

RECEIVED

JAN 14 1985

CHIEF  
HUMAN RESOURCES OFFICE