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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

Operator Amoco Production Company	
Address BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Same Proration Unit as unit # 111	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name SOUTH MATIX UNIT FED	Well No. 6	Pool Name, including Formation FOWLER UPPER YESO	Kind of Lease State, Federal or Fee FED	Lease No. LC-032450(a)
Location				
Unit Letter L	1980	Feet From The SOUTH	Line and 660	Feet From The WEST
Line of Section 15	Township 24-S	Range 37-E	NMPM, LEA	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPE LINE CORP	Address (Give address to which approved copy of this form is to be sent) Box 1910, MIDLAND TEXAS					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS CO	Address (Give address to which approved copy of this form is to be sent) JAL N. 117					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 15	Twp. 24	Rge. 37	Is gas actually connected? YES	When 12-22-72

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Plug Back	<input type="checkbox"/> Same Rest'v.	<input checked="" type="checkbox"/> Diff. Rest'v.
Date Spudded OC 12-17-72	Date Compl. Ready to Prod. 12-22-72		Total Depth 10,544'		P.B.T.D. 5702'			
Elevations (DF, RKB, RT, GR, etc.) 3282' RDB	Name of Producing Formation UPPER YESO		Top Oil/Gas Pay 5182'		Tubing Depth 5675'			
Perforations 5182' - 5701' VARIOUS - NON-CONTINUOUS FOOTAGE PERFS					Depth Casing Shoe 10543'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	13 3/8"		300'		380 Sx			
	8 5/8"		3818'		475 "			
	5 1/2"		10543'		900 " 2Stage			

V. 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 12-22-72	Date of Test 12-31-72	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24	Tubing Pressure 620	Casing Pressure 1540	Choke Size 15/64
Actual Prod. During Test 528	Oil - Bbls. 168	Water - Bbls. 360 BLW	Gas - MCF 946

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.

(Signature) **AREA SUPERINTENDENT**

(Title)

JAN 2 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 4 1973** , 19

BY **John Runyan**
Geologist

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 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.

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JAN 8 1973

OIL CONSERVATION COMM.
HOBBES, N. M.