

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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 P.O. DRAWER A, LLEVELAND, TEXAS 79336	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name SOUTH MATTIX UNIT FED.	Well No. 7	Pool Name, Including Formation FOWLER UPPER YESO	Kind of Lease State, Federal or Fee FED.	Lease No. LC-032450(b)
Location				
Unit Letter D	660	Feet From The NORTH	Line and 660	Feet From The WEST
Line of Section 15	Township 24-S	Range 37-E	, NMPM, LEA 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 (Give address to which approved copy of this form is to be sent)					
SHELL PIPELINE CORP.	Box 1598, HOBBS, NEW MEXICO 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS Co.	Box 1492 EL PASO, TEX. 79999					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 15	Twp. 24	Rge. 37	Is gas actually connected? YES	When NA

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

PC-272

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Revised OC 6-25-76	Date Compl. Ready to Prod. 7-10-76	Total Depth 10761'	P.B.T.D. 7265'					
Elevations (DF, RKB, RT, GR, etc.) 3273 RDB	Name of Producing Formation UPPER YESO	Top Oil/Gas Pay 5174'	Tubing Depth 5702'					
Perforations 5174'-5697' VARIOUS - Non-CONTINUOUS			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	320'	380 SX					
12 1/4"	9 5/8"	3814'	575 SX					
8 3/4"	7"	10622'	850 SX					

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 7-10-76	Date of Test 7-16-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 HRS.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 260	Oil-Bbls. 43	Water-Bbls. 217	Gas-MCF 203

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

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.

24 NMCC-H
1-DIV
1-Susp
1-RC
1-CONOCO
1-ARCO
1-TENNECO
1-STD. of Tex.
Ray W. Cox
(Signature)
Administrative Assistant
(Title)
8/5/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Jerry Sexton**
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.

RECEIVED

ADD 61376

CONSERVATION COMM.
LOBBS, N. M.