

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
SANTA FE		DEVIATION SURVEY ON BACK			
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL GAS				
OPERATOR					
PRORATION OFFICE					
Operator Amoco Production Company					
Address P. O. Drawer A, Levelland, Texas 79336					
Reason(s) 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
			2/13/78 EXCEPTION TO R-4070 IS OBTAINED.		
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.	
MyersB Federal	26	Langlie Mattix Queen	State, Federal or Fee Fed.	NM-7488	
Location					
Unit Letter	I	1650	Feet From The South	Line and	990
		Feet From The East			
Line of Section	9	Township	24-S	Range	37-E
		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)		
Texas-New Mexico Pipeline Co.			P. O. Box 1510, Midland, TX		
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.			P. O. Box 1492, El Paso, TX		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	I	9	24	37	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	Deepen
	X		X		
Date Spudded	Date Compl. Ready to Prod.		Total Depth	P.B.T.D.	
11-11-77	12-13-77		3600'	3600'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth	
3294.5 RDB	Queen		3362'	3480'	
Perforations			Depth Casing Shoe		
3362'-82', 3393'-3418', 3470'-89'			-		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT
12-1/2"	8-5/8"		1036'		500 sx Howcolite x CLS C
7-7/8"	5 1/2"		3600'		716 sx Howcolite x CLS C
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.)		
12-13-77	12-13-77		Pump		
Length of Test	Tubing Pressure		Casing Pressure	Choke Size	
24 Hours	NA		90	--	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
	9	30	800		
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 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 12-20-1977, 19		
BY Randy Atkins			BY		
0 & 4-NMOCC-H 1-Div. 1-Susp. 1-RC			TITLE SURVEY DISTRICT 1		
Staff Assistant			This form is to be filed in compliance with RULE 1104.		
12-16-77			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.		

DEVIATION SURVEYS

DEPTH (FEET)

ANGLE OF INCLINATION
(DEGREES)

504	$\frac{1}{2}$
833	$\frac{3}{4}$
1036	$\frac{1}{4}$
1519	$\frac{1}{2}$
1996	2
2619	1 $\frac{3}{4}$
3114	2
3600	2 $\frac{3}{4}$

The above are true to the best of my knowledge.

Ray W. Cox
Administrative Assistant
Amoco Production Company

Sworn and subscribed to this date, December 16, 1977.

Lynne Abbott
Notary Public in and for
Hockley County, Texas

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NOTARY PUBLIC
ROBBS, N. M.