

REGISTRATION		NEW MEXICO OIL CONSERVATION COMMISSION		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Superseding Old C-101 and C-11 Effective 1-1-85	
LAND OFFICE		TRANSPORTER		OIL		GAS	
OPERATOR		PRODUCTION OFFICE		DEVIATION SURVEY ATTACHED			
Operator Amoco Production Company							
Address P. O. Box 68 Hobbs, NM 88240							
Reason(s) for filing (Check proper box)							
New Well		Change in Transporter of		Oil		Dry Gas	
Recompletion		Casinghead Gas		Condensate			
Change in Ownership							
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	
Myers B Federal		29		Langlie Mattix Queen		Federal	
Location		Unit Letter		0		660 Feet From The	
Line of Section		9		Township		24-S	
Range		37-E		Lea		County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil		or Condensate		Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company				P.O. Box 1492, El Paso, TX			
If well produces oil or liquids, give location of tanks.		Unit		Sec.		Twp.	
		0		9		24	
		37		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	
				X		X	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
9-29-79		12-27-79		3600'		3372'	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
3271.3 GR		Queen		3280'		3242'	
Perforations				Depth Casing Shoe			
3280'-3358'				3598'			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
12-1/4"		9-5/8"		1108'		500 SX Class C	
8-3/4"		7"		3598'		870 SX Class C	
TEST DATA AND REQUEST FOR ALLOWABLE (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	
204		24 hours		0			
Testing Method (flow, back pr.)		Tubing Pressure (24hr-in)		Casing Pressure (24hr-in)		Choke Size	
Flowing		115#		115#		28/64	
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.							
O-4 NMOC-D-H 1-Hou 1-Susp 1-BD							
1- G. Ethridge							
Bob Davis							
Asst. Admin. Analyst							
1-10-80							
OIL CONSERVATION COMMISSION							
APPROVED JUL 25 1980							
BY							
TITLE SUPERVISOR DISTRICT 1							
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 calculation of the deviation tests taken on the well in accordance with RULE 111.							
All portions of this form must be filled out completely for allowable on new and reworked wells.							
Fill out only Sections I, II, III, and IV for change of owner, well name or number, or transporter, or other such change of exemption.							

# INCLINATION REPORT

OPERATOR Amoco Production Company ADDRESS PO Box 68, Hobbs, New Mexico 88240  
 LEASE NAME Myers "B" Federal WELL NO. 29 FIELD \_\_\_\_\_  
 LOCATION Section 9, T-24S, R-37E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
300	1/2	2.6100	2.6100
555	1/4	1.1220	3.7320
1102	3/4	7.1657	10.8977
1460	1/2	3.1146	14.0123
1925	1 3/4	14.1825	28.1948
2135	2 1/2	9.1560	37.3508
2570	2 1/2	18.9660	56.3168
3063	2	17.2057	73.5225
3600	1/2	4.6719	78.1944

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

*John Ayers*

TITLE John Ayers, Office Manager

## AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers  
 known to me to be the person whose name is subscribed herebelow, who, on making  
 deposition, under oath states that he is acting for and in behalf of the operator  
 of the well identified above, and that to the best of his knowledge and belief such  
 well was not intentionally deviated from the true vertical whatsoever.

*John Ayers*

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 11th day of October, 19 79

RECEIVED

MY COMMISSION EXPIRES MARCH 1, 1980

JAN 17, 1980

SEAL

OIL CONSERVATION DIV.

*James L. [Signature]*  
 Notary Public in and for the County  
 of Lea, State of New Mexico