

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
AMOCO PRODUCTION COMPANY

Address
P. O. Box 68, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

| | | | | |
|--|---------------------------|---|-------------------------------------|---|
| <input checked="" type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Oil | <input type="checkbox"/> Dry Gas | Other (Please explain) Request 2000 bbl testing allowable for Upper Penn |
| <input type="checkbox"/> Recompletion | | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate | |
| <input type="checkbox"/> Change in Ownership | | | | |

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|--|-----------------------------|
| Lease Name State HB Com | Well No. 1 | Pool Name, including Formation Baum Upper Penn | Kind of Lease State, Federal or Fee State | Lease No. LG-4904 |
| Location Unit Letter M : 570 Feet From The South Line and 540 Feet From The West Line of Section 18 Township 13-S Range 33-E , NMPIA, 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"/> AMOCO PRODUCTION COMPANY (trucks) | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001 |
| 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 M Sec. 18 Twp. 13S Rge. 33E | Is gas actually connected? NO When _____ |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Bonita Goble
(Signature)

Administrative Analyst
(Title)

8-14-84
(Date)

- 0-5-NMOCD, H
- 1-JR. Barnett, HOU Rm 21.156
- 1-FJ Nash HOU, Rm 4.206
- 1-BFC
- 1-Sunburst

OIL CONSERVATION DIVISION

APPROVED **AUG 20 1984**, 19____

BY _____
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

This form is to be filled 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 route 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.

IV. COMPLETION DATA

| | | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resrv. | Diff. Resrv. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

V. 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 | |

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 |

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