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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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)	Other (Please explain) EFFECTIVE 7-1-74
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	FORMERLY: FEDERAL "D"

If change of ownership give name and address of previous owner MIDWEST OIL CORP. MIDLAND, TEXAS

I. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name MIDWEST "H" FED	Well No. 1	State, Federal or Fee FED	NM-0202980
Location			
Unit Letter P	660 Feet From The SOUTH Line and 660 Feet From The EAST		
Line of Section 25	Township 9-S	Range 33-E	NMPM, LEA County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		2300 CONZ Bank Bldg. FORT WORTH TEXAS	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Box 1589 TULSA OKLA	
WARREN PETROLEUM CO			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 25	Twp. 9
		Rge. 33	
		Is gas actually connected?	When

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size		

VI. 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.		JUL 8 - 1974	
APPROVED _____, 19____		BY _____	
Roy R. Yorkum (Signature)		Orig. Signed by Joe D. Ramey	
Adm. Asst. (Title)		Dist. I. Supv.	
7-1-74 (Date)		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 all wells on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter or other such change of condition.	
		Separate Form C-104 must be filed for each pool in multi-	