10. OF COPIER RECEIVED			
DISTRIBUTION			
SANTA PE			
THE			
U,S.G.5,			
LAND OFFICE			
THANSPORTER	OIL	J	
	GAS		
OPERATOR			ļ
PROBATION OFFICE		<u> </u>	<u> </u>

HEW MEXICO OIL CONSCRVATION COMMISSION

Horm C -104

Conservates Old C-104 and C-119

FAMIA FE FILE U.S.G.S. LAND OFFICE FRANSPORTER GAS		OR ALLOWABLE AND 4SPORT OIL AND NATURAL G	Supersedes Ald C-103 and C-116 Lifective 4-4-65
OPERATOR PROHATION OFFICE Operator AMOCO PRO	DOUCTION COMPAN	· y	
Address A A A A A TO A	A, LEVELLAND, TEX	15 79336	
Reason(s) for liling (Check proper box	'	CHANGE LEASE	AND WELL NAME FROM
New Well Recompletion	Change in Transporter of: Oil Dry Gas	D 000MEY "B" #2	TO SOUTH HOBBS UNIT#1/6
Change in Ownership	Casinghead Gas Condens	ate]
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	rmation Kind of Lease	1
SOUTH HORBS UNIT	116 HORBS GRAYBUR	SAN ANDRES State, Federa	The SOUTH
Unit Letter 0 : 165	O Feel From The EAST Line		
Line of Section 6 To	waship 19-5 Range C	38-E , NMPM, L	EA County
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of Ol		800 WILCO BLOG	MIDLAND, TEX 7970/ ved copy of this form is to be sent)
SHELL PIPELIN			
If well produces oil or liquids,	IPS PETROLEUM CO. Unit Sec. Twp. Pge. Is gas actually connected? When		TULY 14, 1954
give location of tanks.	ith that from any other lease or pool,	<u> </u>	Jack Try Tre
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Hes'v. Diff. Res'v.
Designate Type of Complete	on – (X)	Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Deptil	
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
'. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours?	and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas I	iji, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Oil-Bble.	Water - Bbls.	Gas-MCF
Actual Prod. During Tool	Olf-Bale.		
CAC WELL			A Control of Control o
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Chake Size
I. CERTIFICATE OF COMPLIA	NCE	11	ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given the best of my knowledge and belief.		APPROVED	1977
above is true and complete to t	he best of my knowledge and belief.	TITLE	-
		I to be filed in	compliance with RULE 1104.
Kenneth Br	and	If this is a request for alle	swelte for a newly dillier of the deviates
of single	1 assistant	toute taken on the wait in me.	ount be filled out completely for allow-
101611 101 A	Title)	eble on now end to output tear	we we was MI for changes of owner.
6-28	(Date)	well name or number, or transport	It, itt, and visites of condition

042 NMOCC, HOBBS 1-DIV, 1-KWB

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DISTRIBUTE			
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ILE			
s.G. s.			
AND OFFICE			
RANSPORTER	OIL		
	GAS		
PERATOR			
PROBATION OFFICE			

HO. OF COPIES RECEIVED DISTRIBUTION ANTA FE ILE .S.G.S. AND OFFICE OIL	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL O	Porm C-104 Superscoler Old C-104 and C-11 Effective 1-1-55	
PERATOR GAS				
AMOCO PRODUCTION	COMPANY			
D.O. Durancon A. Lo	evelland, Texas 79336			
P.O. Drawer A, Le		Other (Please explain)		
-w Well	Change in Transporter of:			
ecompletion	OII Dry Gas Change Lease Name From 0.0. Bradley "B"			
change of ownership give name				
a address of previous owner				
CSCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
3radley "B"	2 Hobbs Graybu	urg San Andres State, Federa	I or Fee Fee	
contion 160	50 Feet From The Fact 1 in	e and 990 Feet From 1	she South	
		38-F , NMPM, Lea	County	
ESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S		
Shell Pipeline Co.	X or Condensate			
Eme of Authorized Transporter of Cas Phillips Petroleum Co.		Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma		
well produces oil or liquids, we location of tanks.	Unit Sec. Twp. Pge. 38	Is gas actually connected? When July 14, 1954		
this production is commingled wit OMPLETION DAYA	h that from any other lease or pool,	give commingling order number:		
Designate Type of Completio	n - (X) Gas Well Gas Well	New Well Workover Deepen	Plug Back Same Nesty. Diff. Resty.	
ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
erforations			Depth Casing Shoe	
	THRING CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
EST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
II. WELL cto First New Oil Run To Tanks		pth or be for full 24 hours) Producing Method (Flow, pump, gas li)		
Ele that New Oil Nam 10 tents				
ength of Test	Tubing Pressure	Casing Pressure	Choke Size	
ctual Prod. During Test	OII-Bble.	Water - Bbls.	Gca - MOF	
AS WELL		•		
.ctual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Ehut-in)	Choke Size	
ERTIFICATE OF COMPLIANC	CE		TION COMMISSION	
ammission have been compiled w	egulations of the Oil Conservation with and that the information given	APPROVED	gned by	
commission have been complied with and that the information given pove is true and complete to the best of my knowledge and belief.		BYGeneral		
		TITLE .		
R	w. W. Cox	This form is to be filed in a If this is a request for allow	compliance with RULE 1104.	

(Signature)

Administrative Assistant

(Title) 1-21-77 (Date)

NMOCC-H

If this is a request for allowable for a newly drilled or despendicy well, this form must be accompanied by a tabulation of the division tests taken on the well in accordance with RULL 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.



NO. OF COPIES REC	EIVED	İ	
DISTRIBUTION			
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GAS			
OPERATOR			
PRORATION OFFICE			

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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSIC. Form C-10		Form C-104
SANTA FE FILE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	AUTHODIZATION TO TR	AND	
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
TRANSPORTER OIL			
OPERATOR GAS			
PRORATION OFFICE			•
Operator ANTOCO DECONICITIO	N. COMB AND		
AMOCO PRODUCTIO	N COMPANY		
P.O. BRAVIER A. LEVELLAND, TH	XAS 79308		
Reason(s) for filing (Check proper be		Other (Please explain)	
New Well	Change in Transporter of:	Change in owne	rship from W. K. Byroom
Change in Ownership	Oil Dry Go Casinghead Gas Conde	ıs 📋	
Change In Ownership 2	Control	nsale to Amoco F	ROD. Cs.
If change of ownership give name and address of previous owner	W. K. Byrom Box	147 HOBBS, N.M.	88240
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	Formation Kind of Lea	ise Leise No.
O.O. BRADLEY B"		CG SAN ANDRES State, Fede	
Location			,
Unit Letter 0; 16	50 Feet From The EAST Lir	ne and 990 Feet From	The SOUTH
1	ownship 19-5 Range	38-E , NMPM,	LFA County
Line of Section 6 T	ownship 19-5 Range	JEE , NO.F.M.	LEA County
	RTER OF OIL AND NATURAL GA	is	
Name of Authorized Transporter of O	7		oved copy of this form is to be sent)
SHELL PIPELINE Name or Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which app)	DLAND TEX. 7970/ oved copy of this form is to be sent;
PHILLIPS PETROLEU	4	BARTLES VILLE, DA	
If well produces oil or liquids.	Unit Sec. Twp. Rge.	Is gas actually connected?	hen.
give location of tanks.	J 16 19 38	YES	July 14, 1954
	with that from any other lease or pool,	give commingling order number:	,
COMPLETION DATA	Oll Well Gas Well	New Well Workover Deeper.	Plug Back Same Resty, Diff. Resty.
Designate Type of Complet	ion = (X)	<u> </u>	
Date Spudded	Date Compi. 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
Elevations (DP, RRB, R1, GR, etc.)	raine or roughly consistent	1.00 0, 0.00 1. 0,	
Perforations			Depth Casing Shoe
1101 5 5175		D CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEFIRSE	SACKS CEMENT
	<u> </u>	<u>i </u>	
TEST DATA AND REQUEST I OIL WELL		fter recovery of total volume of load oi opth or be for full 24 hours)	I and must be equal to or exceed top allow-
Date First New Cil Run To Tonks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bhis.	Water-Bbis.	Gas - MCF
•			
GAS WELL	Li ength of Tool	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Dote, Condensate/MMCF	Granty or Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
		ABBROVES TANKS	1977 19
Commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED	
above is true and complete to the	ne best of my knowledge and belief.	BY	
		TITLE	3
	1	· ·	compliance with RULE 1104.
	Kay W. Cox	If this is a request for allo	wable for a newly drilled or deepened
(Sig	nature)	well, this form must be accomp tests taken on the well in acc	anied by a tabulation of the deviation
** ***	T TO A STATE OF THE STATE OF TH	II foote fevour our cuts went the end.	

<u>Administrative Assistant</u> (Title)

. 4 - NMOCC-H

12-30-76 1- DIU. (Date) 1- Sust.

All sections of this form must be filled out completely for silow-sble 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.