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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

*But. 10*

I. Operator  
**AMOCO PRODUCTION COMPANY**  
Address  
**BOX 367, ANDREWS, TEXAS 79714**

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain) **PROPERTY OPERATED BECAME UNITIZED - 1-1-75. FORMER: TERRY A #1**

If change of ownership give name and address of previous owner MORANCO, P.O. Box 1919, Hobbs, N.M. 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>SOUTH HOBBS (GSA) UNIT</b>	Well No. <b>81</b>	Pool Name, including Formation <b>HOBBS GSA</b>	Kind of Lease State, Federal or Fee <b>FEE</b>	Lease No.
Location Unit Letter <b>L</b> : <b>2310</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>WEST</b> Line of Section <b>9</b> Township <b>19-S</b> Range <b>38-E</b> , NMPM, <b>LEA</b> 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"/> <b>SHELL PIPE LINE Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>MIDLAND, TEXAS</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>PHILLIPS PETROLEUM COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>GPM Gas Corporation, EFFECTIVE: February 1, 1992, MARTLESVILLE, OK.</b>
If well produces oil or liquids, give location of tanks. <b>2K 9 19 38</b>	Unit Sec. Twp. Rge. is gas actually connected? When <b>YES</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
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			

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

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

VI. 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.

*R. L. Yorkum*  
(Signature)  
ADMINISTRATIVE ASSISTANT

JAN 15 1975  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 11 1975, 19\_\_\_\_

BY \_\_\_\_\_

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 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 conditions. Separate Forms C-104 must be filed for each pool in multiply

