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| FILE                   |     |
| 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-105  
Effective 1-1-65

*Box 11*

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: THORP #1**

If change of ownership give name and address of previous owner **SHELL Oil Co., P.O. Box 1509, MIDLAND, TX. 79701**

II. DESCRIPTION OF WELL AND LEASE

|   |   |   |           |
|---|---|---|-----------|
| Lease Name<br><b>SOUTH HOBBS (GSA) UNIT</b>   | Well No., Pool Name, including Formation<br><b>88 HOBBS GSA</b> | Kind of Lease<br>State, Federal or Fee <b>FEE</b> | Lease No. |
| Location<br>Unit Letter <b>J</b> ; <b>1050</b> Feet From The <b>South</b> Line and <b>2310</b> Feet From The <b>EAST</b><br>Line of Section <b>10</b> Township <b>19-S</b> Range <b>38-E</b> , N.M.P.M. <b>LEA</b> County |   |   |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| <b>SHELL PIPELINE Co.</b>   | <b>MIDLAND, TX.</b>  |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <b>PHILLIPS PETROLEUM Co.</b>   | <b>BARTLESVILLE, OK.</b>   |
| If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|   | <b>I 10 19S 38E 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 Restv. | Diff. Restv. |
| <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 |           |             |              |
| 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

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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            |

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.

OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

*R. P. York*  
ADMINISTRATIVE ASSISTANT  
JAN 15 1975

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device 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...