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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-101 and C-11  
 Effective 1-1-65

Operator  
**Amoco Production Company**

Address  
**P. O. Box 68 Hobbs, NM 88240**

Reason(s) for filing (check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Other (Please explain) <b>Request a 500 bbl. testing allowable.</b>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name <b>State A</b>	Well No. <b>38</b>	Pool Name, including Formation <b>Bowers Seven Rivers</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>A-1212-1</b>
Location Unit Letter <b>J</b> ; <b>1880</b> Feet From The <b>South</b> Line and <b>1730</b> Feet From The <b>East</b>				
Line of Section <b>4</b> Township <b>19-S</b> Range <b>38-E</b> , NMPM, <b>Lea</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Western Oil - Amoco Trucks</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. 1183, Houston, TX 77001</b>
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   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<b>J   4   19   38</b>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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 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/MSCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

**0+4-NMOCD, H 1-Hou 1-Susp 1-LBG**  
**1-W. Stafford, Hou**

*Benton Green*  
 (Signature)  
 Assist. Admin. Analyst  
 (Title)  
 1-23-81  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED Jan 20 1981, 19\_\_

BY Orly Signed 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 completion 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 recomplet wells.  
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.