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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

COKE CENTRAL STORAGE SYST.

Amoco Production Company

Address
BOX 68, HOBBS, N. M. 88240

Check proper box for filing (check proper box)

Change in Transporter of:	<input type="checkbox"/>
Ownership	<input type="checkbox"/>
Change in ownership	<input type="checkbox"/>

Change in Transporter of:

Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

Other (Please explain)

Casinghead gas connection

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name COKE A	Well No. 1	Pool Name, Including Formation WILDCAT-TUBB	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter F ; 1980 Feet From The NORTH Line and 1980 Feet From The WEST				
Line of Section 12 Township 20-S Range 38-E , NMPM, LEA 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"/> THE PERMIAN CORP (TRUCKS)	Address (Give address to which approved copy of this form is to be sent) Box 1183, HOUSTON TEXAS					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS CO	Address (Give address to which approved copy of this form is to be sent) BOX 1384, JAL N. M.					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 12	Twp. 20	Rge. 38	Is gas actually connected? YES	When 3-1-74 (Sta No. 6358501)

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded OC 1-5-74	Date Compl. Ready to Prod. 2-24-74	Total Depth 7087	P.B.T.D. 6960					
Flowing (DF, RKB, RT, GR, etc.) 3580 D.F.	Name of Producing Formation TUBB	Top Oil/Gas Pay 6638	Tubing Depth 6750					
Perforations 6638-42, 52-60, 79-82, 94-95, 6700-04, 48-52, 58-66, 74-75, 80-86, 90-92, 97-6805, 09-17			Depth Casing Shoe 7032					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/4"	13 3/8"	318	400 SX					
9 7/8"	7 5/8"	4484	680 SX					
6 3/4"	5 1/2" LINER	4192 - 7032	300 SX					

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 2-22-74	Date of Test 2-24-74	Producing Method (Flow, pump, gas lift, etc.) PM P	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 17	Oil - Bbls. 2	Water - Bbls. 15 BLW	Gas - MCF 16

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.

Ray R. Yorkum
(Signature)
ADMINISTRATIVE ASSISTANT

(Title)
MAR 1 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 1 1974**, 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 condition.

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

04 NMCC-11

1-DIV
1-JEL
1-OBP
1-SVP
1-RR