

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes OIL O-104 and O-110
 Effective 1-1-65

NO. OF COPIES RECEIVED	
DATE OF SUBMISSION	
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DATE	
LOCATION	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
REGISTRATION OFFICE	

Ameco Production Company

BOX 63, HOBBS, N. M. 88240

Reasons for filing (check proper box)

New Well Change in Transporter of: Other (Please explain) **EFFECTIVE - 9-1-72**

Abandonment Oil Dry Gas **FORMERLY - MOBIL P.L. Co**

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well No. **3** Pool Name, including Formation **DEPLETED - TUBB - OIL** Kind of Lease **FEE** Lease No.

Section **J** : **660** Feet From The **SOUTH** Line and **1650** Feet From The **WEST**

Range **37-E** Township **21-S** Range **37-E** NMPM, **LEA** County

IDENTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter of Oil or Condensate **TRANS-NEW MEXICO PIPELINE Co** Address (Give address to which approved copy of this form is to be sent) **BOX 1510 MIDLAND TEXAS 79701**

Name of Transporter of Casinghead Gas or Dry Gas **WESTERN PETROLEUM CORP.** Address (Give address to which approved copy of this form is to be sent) **BOX 1589, TULSA, OKLA 74102**

Unit **B** Sec. **9** Twp. **21** Rge. **37** Is gas actually connected? **YES** When

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 Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Completion (DR, H.B., RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			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)

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Producing Method (Flow, pump, gas lift, etc.)	Oil-Bbls.	Water-Bbls.	Gas-MMCF

GAS WELL

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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 herein is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION
 SEP 12 1972
 APPROVED _____
 BY **Bob D. Kasey**
 Dist. 2, Supv.

Signature: _____
 AREA SUPERINTENDENT
 Title: _____
 Date: SEP 8 1972

This form is to be filed in compliance with RULE 110a.
 If this is a request for allowable for a newly drilled or recompleting well, this form must be accompanied by a tabulation of the casinghead 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.

