

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format OG-01-83
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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Company
Address P.O. Box 68 Hobbs, NM 88240
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) _____
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Myers "B" Federal Well No. 25 Pool Name, including Formation Langlie-Mattix-Seven Rivers
Location D 660 Feet From The North Line and 660 Feet From The West Line of Section 21 Township 24-S Range 37-E NMPL, Lea County
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line of Section 21 Township 24-S Range 37-E NMPL, Lea County
Kind of Lease Fed. Lease No. NM-7488

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Bridge Pipeline Company
Address (Give address to which approved copy of this form is to be sent)
P.O. Drawer 2948, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks. Unit D Sec. 21 Twp. 24 Rge. 37
Is gas actually connected? yes When 4-27-73

If this production is commingled with that from any other lease or pool, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Charles M. Derring
(Signature)
Administrative Analyst (SG)
(Title)
7-14-86
(Date)

45NMOC-D-H, 1-JRB, 1-FJN, 1-CMKT

OIL CONSERVATION DIVISION

APPROVED JUL 16 1986
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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 route 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.
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 (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 (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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 JUL 15 1986
 O.C.C.
 HOBBS OFFICE