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|---------------------------|------------|
| NAME OF OPERATOR RECEIVED | |
| DISTRIBUTION | |
| STATE FILE | |
| FED. FILE | |
| 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-104 and C-110
Effective 1-1-65

I. OPERATOR
Amoco Production Company
Address
BOX 68, HOBBS, N. M. 88240
If change of ownership give name and address of previous owner _____
Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Restored zone to prod. by
downhole commingling
DHC-142

II. DESCRIPTION OF WELL AND LEASE
Well Name CONE A Well No. 1 Pool Name, Including Formation HOUSE DRINKARD Kind of Lease 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 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 EL PASO NATURAL GAS CO Address (Give address to which approved copy of this form is to be sent) BOX 1384, JAL, N. M. Box 1492 E.P. 74
If well produces oil or liquids, give location of tanks. Unit F Sec. 12 Twp. 20 Rge. 38 Is gas actually connected? YES When 5-1-74
If this production is commingled with that from any other lease or pool, give commingling order number: DHC-142

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well X 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.
5-1-74 7087'
Elevation (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
3580' DF DRINKARD 7032' 7030
Perforations Depth Casing Shoe
7032-7087 7032
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 1/4" 13 3/8" 318 400
9 1/8" 7 3/8" 4484 680
6 3/4" 5 1/2" LINER 4192-7032 300

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.)
5-1-74 5-1-74 LMP
Length of Test Tubing Pressure Casing Pressure Choke Size
24 - -
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF
32 6 26 7

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, 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.
04A-NMOCC-10
1-DIV
1-205P
1-JEL
1-OBP
EUSP
1-REL
ADMINISTRATIVE ASSISTANT
MAY 1 1974

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____
TITLE SUPERVISOR DISTRICT I
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.