

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

RECEIVED	
EXPLANATION	
DATE FILED	
U.S. DISTRICT COURT	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

I. OPERATOR
Amoco Production Company
 BOX 68, HOBBS, N. M. 88240

Reasons for filing (Check proper box)
 New well Change in Transporter of:
 Re-connection Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
*Formerly - The Permian Corp
 Eff - 8-1-74*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Well Name STATE D	Well No. 2	Pool Name, Including Formation FOWLER-UPPER YESO	Kind of Lease State, Federal or Free STATE	Lease No. B-2616
Location Unit Letter P 660 Feet From The SOUTH Line and 510 Feet From The EAST				
Line of Section 16 Township 24-S Range 37-E NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Production Company (TRUCKS)	Address (Give address to which approved copy of this form is to be sent) Box 1183, HOUSTON TEXAS 77001			
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 B	Sec. 16	Twp. 24	Rge. 37
	Is gas actually connected? YES		When 6-5-73	

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

V. COMPLETION DATA

Designated 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.		
Elevations (H, 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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Action From 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.

Ray Lyalson
 (Signature)
ADMINISTRATIVE ASSISTANT
 (Title)
JUL 23 1974
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Joe D. Ramey
 (Signature)
 Dist. I. Supv.
 (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.