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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

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MAY 9 1975 MAY 9 1975

Operator AMOCO PRODUCTION COMPANY ✓	
Address BOX 367, ANDREWS, TEXAS 79714	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	
Other (Please explain) EFF: 5-1-75. LEASE NAME CHANGED FROM: STATE V GAS COM #1	

If change of ownership give name and address of previous owner

Lease Name MIDWEST STATE V GAS COM		Well No. 1	Pool Name, Including Formation BUFFALO VALLEY - PENN-GAS	Kind of Lease State, Federal or Fee STATE	Lease No. 13686
Location					
Unit Letter O	990	Feet From The SOUTH	Line and 1650	Feet From The EAST	
Line of Section 6	Township 15-S	Range 28-E	NMPM, CHAVES	County	

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) Box 1183, HOUSTON TX 77001				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) Box 2521, HOUSTON TX 77001				
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 6	Twp. 15	Page 28	Is gas actually connected? YES	When 7-16-71

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.R.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 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			
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.

Lee R. Yeakum
(Signature)
ADMINISTRATIVE ASSISTANT
(Title)
MAY 8 1975
(Date)

04-NMOCC-ART
1-DIV
1-JEK
1-OBP
1-SUSP
1-RPY

OIL CONSERVATION COMMISSION

APPROVED MAY 9 1975

BY *W. A. Gussett*

TITLE SUPERVISOR, DISTRICT II

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.