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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JAN 19 1971

O. C. C.

ARTESIA, OFFICE

I. Operator **AMOCO PRODUCTION COMPANY.**

Address **BOX 68, HOBBS, N. M. 88240**

Reason(s) for filling (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	EFFECTIVE 2-1-71 CHANGE IN NAME
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>	OF OPERATOR, TRANSPORTER OF OIL & GAS
		Dry Gas	<input type="checkbox"/>	FROM: PAN AMERICAN PETROLEUM CORPORATION
		Condensate	<input type="checkbox"/>	TO: AMOCO PRODUCTION COMPANY.

If change of ~~ownership~~ **NAME OPERATOR** give name and address of previous owner **PAN AMERICAN PETROLEUM CORPORATION BOX 68, HOBBS, N. M. 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name **TRIGG FEDERAL Gas COM** Well No. **1** Pool Name **LOGAN MORROW-GAS** Kind of Lease **FED** Lease No. **2604050-8**

Location **Unit Letter F ; 1980 Feet From The NORTH Line and 1980 Feet From The WEST**

Line of Section **34** Township **17-S** Range **27-E** , NMPM, **EDDY** County

COM AGR #SW-481

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
AMOCO PRODUCTION COMPANY (TRUCKS)	Box 1725, MIDLAND TEXAS 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
AMOCO PRODUCTION COMPANY	BOX 68, HOBBS, N. M. 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	F 34 17 27 YES 12-20-68

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
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 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.

04- NMOC-ART

1- ACJn

1- OBP

1- SUSP

1- RRY

(Signature)

AREA SUPERINTENDENT

(Title)

2-1-71

(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 8 1971**, 19

BY **W. A. Grossert**

TITLE **OIL AND 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 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.