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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

SEP 12 1976

O. C. C.
ARTESIA, OFFICE

Operator AMOCO PRODUCTION COMPANY	
Address P.O. DRAWER A, LEVELLAND, TEXAS 79336	
Reason(s) for filing (Check proper box)	Other (Please explain) EFF 8-1-76
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input checked="" type="checkbox"/>
	Condensate <input type="checkbox"/>
From: AMOCO PRODUCTION COMPANY	
To: GAS COMPANY OF NEW MEXICO	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Com AGR # SW-481
Lease Name TRIGG FEDERAL GAS Com	Well No. 1	Pool Name, Including Formation LOGAN DRAW MORROW - GAS
Location	Kind of Lease State, Federal or Fee	Lease No. LC 0604050-A
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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	AMOCO PRODUCTION COMPANY - TRUCKS	Box 1183 - HOUSTON, TEXAS 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	GAS COMPANY OF NEW MEXICO	Address (Give address to which approved copy of this form is to be sent) FIRST INTERNATIONAL BLDG. SUITE 1800 DALLAS, TEXAS 75270	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 34	Twp. 17
		Rge. 27	Is gas actually connected? YES
			When 12-20-68

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Designate Type of Completion - (X)									
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		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED SEP 14 1976	
		BY W. A. Gressett	
		TITLE SUPERVISOR, DISTRICT II	
044-NMOC-ART		This form is to be filed in compliance with RULE 1104.	
1-DIV		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.	
1-JMG		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
1-SuSP		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.	
1-RC		Separate Forms C-104 must be filed for each pool in multiply completed wells.	
Ray W. Cox			
(Signature)			
Administrative Assistant			
(Title)			
9-3-76			
(Date)			