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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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AMOCO PRODUCTION COMPANY		JAN 28 1977
Address		
P.O. Drawer A, Levelland, Texas 79336		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter <input type="checkbox"/>	Eff. 8-1-76
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	From: Gas Company of New Mexico
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	To: Amoco Production Company
	Dry Gas <input checked="" type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Com AGR #SW-481
Lease Name	Well No.	Pool Name, Including Formation
Trigg Federal Gas Com	1	Logan Draw Morrow Gas
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, NMFM, Eddy County

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"/>	Amoco Production Company	Address (Give address to which approved copy of this form is to be sent)	
		P.O. Drawer A, Levelland, Texas 79336	
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:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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

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

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 W. Cox (Signature)	
Administrative Assistant (Title)	
1-26-77	
0&4 NMOCC-Art	1-JMG (Date)
1-Div	1-Susp
1-RC	

OIL CONSERVATION COMMISSION	
APPROVED	JAN 31 1977
BY	W.A. Gressett
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.	