

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Supersedes Form C-104
Effective 1-1-73

NOV 30 1973

I. Operator
Amoco Production Company ☒ **O. C. C.**
Address **ARTESIA, OFFICE**

BOX 63, HOBBS, N. M. 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Transporter changed from Nampco to Amoco Prod Co. (TRUCKS), Effective 11-1-73

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE FEDERAL GAS CO	Well No. 1	Pool Name, Including Formation EMPIRE PENN GAS	Kind of Lease State, Federal or Fee STATE
Location Unit Letter E : 1810 Feet From The NORTH Line and 790 Feet From The WEST Line of Section 28 Township 17-S Range 28-E , NMPM, EDDY			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> AMOCO PROD. CO. (TRUCKS)	Address (Give address to which approved copy of this form is to be sent) BOX 1183 HOUSTON TEXAS		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> (1) - AMOCO PROD. CO. (DAU to So. Union) (2) - FLASH GAS - VENTED - TSTM - NO PURCHASER	Address (Give address to which approved copy of this form is to be sent) BOX 68, HOBBS, N. M. 88240		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 28	Tw. 17
	Rge. 28	Is gas actually connected? YES	
		When 6-19-72	

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 as last
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		T. and D.		
Perforations					Depth to		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEM

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 greater than the 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 (pilot, 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.

0-4. NMCC-RET
1-OBP
1-FSEL
1-RRY
1-EVSP
1-CONOCO
1-HUSKY-CANADA

(Signature)
ADMINISTRATIVE ASSISTANT

(Title)

NOV 29 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 30 1973**, 19

BY *(Signature)*

TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 110.

If this is a request for allowable for a newly drilled or des. well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each well.