	RECEIV	ED BY			
	JUL 18	3 1987			
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	O. C ARTESIA,				•
DISTRIBUTION		ATION DIVISIO		Form C-104 Revised 10-0 Format 06-01 Page 1	
FILE V.S.O.S.		OX 2088 W MEXICO 87501	•	·	
TRANSPORTER OIL OF OF OTHER		R ALLOWABLE			
PROMATION OFFICE	AUTHORIZATION TO TRANS		RAL GAS		
AMOCO PRODUCTION COMPA		······			
P. O. Box 68, Hobbs, N Reason(s) for filing (Check proper box)	M 88240	Other (Please	explain		·
New Wett Recompletion Change in Ownership		ry Gas ondensate			
If change of ownership give name and address of previous owner					····
I. DESCRIPTION OF WELL AND LEA	ASE	•			<u></u>
Arco "B" Fed. Gas Com.	Well No. Pool Name, Including F 1 Logan Draw Wo		Kind of Lease State, Federal or Fee	Federal	
Arco "B" Fed. Gas Com.	1 Logan Draw Wo	lfcamp	State, Federal or Fee	Federal South	
Arco "B" Fed. Gas Com.	1 Logan Draw Wo	lfcamp	State, Federal or Fee		NM-05586
Arco "B" Fed. Gas Com. Location Unit Letter <u> </u>	1 Logan Draw Wc Feet From The West 17-S Range ER OF OIL AND NATURAL	9]fcamp • and 27-Е , ммрм, . GAS	State, Federal or Fee _ Feet From The Eddy	South	NM-05586 County
Arco "B" Fed. Gas Com. Location Unit Letter <u>L</u> ; <u>660</u> Line of Section <u>26</u> Township III. DESIGNATION OF TRANSPORTE Name of Authorized Transporter of Gil The Letter Conf.	1 Logan Draw Wo Feel From The <u>West</u> Lin 17-S Range <u>ER OF OIL AND NATURAL</u> or Condensate	Olfcamp ond 1980 27-E , NMPM, GAS Address (Give address to Fry // 8.3	State, Federal or Fee _ Feet From The Eddy	South	NM-05586 County
Arco "B" Fed. Gas Com. Location Unit Letter <u>L</u> ; <u>660</u> Line of Section <u>26</u> Township III. DESIGNATION OF TRANSPORTE Name of Authorized Transporter of Gil	1 Logan Draw Wo Feet From The West 17-S Range ER OF OIL AND NATURAL or Condensate	e and <u>1980</u> 27-E , NMPM, GAS Address (Give address to Address (Give address to Address (Give address to	State, Federal or Fee _ Feet From The Eddy o which approved copy o Houst	South	NM-05586 County
Arco "B" Fed. Gas Com. Location Unit Letter <u>L</u> : <u>660</u> Line of Section <u>26</u> Township III. DESIGNATION OF TRANSPORTE Name of Authorized Transporter of <u>Gill</u> The Latitude Transporter of <u>Comp</u> , Name of Authorized Transporter of <u>Comp</u> ,	1 Logan Draw Wo Feet From The West 17-S Range ER OF OIL AND NATURAL or Condensate	e and <u>1980</u> 27-E , NMPM, GAS Address (Give address to Address (Give address to Address (Give address to	State, Federal or Fee Feet From The Eddy which approved copy of A which approved copy of 0 0dessa, TX 7	South (this form is to (this form is to 9762 Po	be seni; 25/ be seni; 27 ID-3 2-12-87
Arco "B" Fed. Gas Com. Location Unit Letter: 660 Line of Section 26 Township III. DESIGNATION OF TRANSPORTE Name of Authorized Transporter of Gill Name of Authorized Transporter of Company Name of Authorized Transporter of Company Name of Authorized Transporter of Company H well produces oil or liquids, give location of tanks. I this production is commingled with that	1 Logan Draw Wo Feet From The West 17-S Range 2R OF OIL AND NATURAL or Condensate Main State a Gas or Dry Gas y Sec. 17 Gas	Address (Cive address to Address (Cive address to Yes	State, Federal or Fee Feet From The Eddy which approved copy of Which approved copy of Which approved copy of Odessa, TX 7 d7 When 1 7-1	South (this form is to (this form is to 9762 Po	County be sent; 25/ be sent; 27 ID-3 2-12-8;
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IV. COMPLETION DATA

Designate Type of Completi	on - (X)	O11 Well	Gas Well	New Well	Workover	Deepen I	Plug Back	Same Restv.	Diff. Res'v.
Date Spudded	Date Compl.	Ready to F	Prod.	Total Dept	n		P.B.T.D.	- 	·
evations (DF, RKB, RT, GR, etc.; Name of Producing Formation		Top Oll/Gaz Pay		Tubing Depth					
Perforations	1			<u> </u>	·		Depth Casir	ng Shoe	
· · · · · · · · · · · · · · · · · · ·		TUBING,	CASING, AN	D CEMENTI	NG RECOR	 D			
HOLESIZE		IG & TUBI			DEPTH SE		SACKS CEMENT		
	·								
									<u> </u>
V. TEST DATA AND REQUEST	FOR MION	WADLE (<u> </u>	· · · ·				

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V. IEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 houre)

Date First New Oil Run To Tarks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
· Actual Fied, During Test	Oll-Bbis.	Water-Bbie.	Gae + MCF		

GAS WELL

. Actual Prod. Teet-MCF/D	Longth of Tout	Bbis. Condensate/MMCF	Gravity of Condensate
Teeting Method (pitot, back pr.)	Tubing Pressure (Bant-in)	Casing Pressure (Shut-in)	Choke Size