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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAY 23 1983

O. C. D.
ARTESIA, OFFICE

AMCO Production Company

Box 727, Artesia, New Mexico 88210

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)

Old well, shut in. Cleaned out and
put on production. Request for
allowable 4BOPD

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Beddingfield	1	Square Lake (G-SA)	State, Federal or Fee Federal	NM-7752
Location				
Unit Letter	J	1550 Feet From The	S	Line and 1980 Feet From The
Line of Section		1	Township	17S
Range		29E	NMPM, Eddy County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipe Line Co.	Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	1	17	29	No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't'n.	DRL. Ream.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.		
Elevations (DE, 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 recovery of total volume of load oil and must be equal to or exceed top all
able 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.

J.B. Adamson

(Signature)

Owner/Operator

(Title)

May 23 - 1983

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 25 1983

BY

OIL AND GAS INSPECTOR

TITLE

This form is to be filed in compliance with RULE 1104.

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

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

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