NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS FILE U.S.G.S. LAND OFFICE FEB 151972 OIL IRANSPORTER GAS OPERATOR O. C. C. PRORATION OFFICE AMCO Production Company V Address Box 186 Loco Hille, New Mexico 88255 Reason(s) for filing (Check proper box) Other (Please explain) Change of ownership from H&M Change in Transporter of: Oil Co to AMCO Prod, Co. Dry Gas Oil Recompletion Effective Feb. 1, 1972 Change in Ownership Casinghead Gas Condensate If change of ownership give name H&M Oil Co. 812 Continental Life Bldg. Fort Worth, Tex. 76102 DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Lease No. Beddingfield Federal 2 Square Lake G. SA. State, Federal or Fe Federal 1980 West MM N 660 South Line and Feet From The Feet From The Unit Letter Township 17S 29E Eddy, Range , NMPM, Line of Section 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 Texas-New Mexico Pipe Line Company Box 1510 Midland, Texas. 79701 Name of Authorized Transporter of Casinghead Gast Address (Give address to which approved copy of this form is to be sent) Box 2197 Houston, Texas. 77001 Continental Oil Company Pae. Is gas actually connected? Unit Sec. Two. If well produces oil or liquids, 29 1 17 No N give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: **COMPLETION DATA** Same Res'v. Diff. Res'v. Oil Well Gas Well New Well Workover Deepen Plug Back Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (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) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Casing Pressure Choke Size

Tubing Pressure Length of Test Gas - MCF Oil - Bbls. Water - Bbls. Actual Prod. During Test

GAS WELL Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

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.

B. adamson (Signature) Owner (Title)

(Date)

Feb. 11, 1972 OIL CONSERVATION COMMISSION

MAR 17 1972 APPROVED 1.622

OIL AND GAS INSPECTOR TITLE _

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