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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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JAN 27 1977

Operator	AMOCO PRODUCTION COMPANY	O. C. C.
Address	P.O. DRAWER A, LEVELLAND, TEXAS 79336	
Reason(s) for filing (Check proper box)	Designate	Other (Please explain)
New Well	Designate	
Recompletion	Oil	Dry Gas
Change in Ownership	Casinghead Gas	Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name	8	WILDCAT STRAIN	FEDERAL	LC-062407
Location	Unit Letter L, 1980 Feet From The SOUTH Line and 1241 Feet From The WEST			
Line of Section	33	Township	17-S	Range 29-E, NMFM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)
	AMOCO PRODUCTION COMPANY (TRUCKS)	P.O. Box 1183, HOUSTON, TEXAS
	Name of Authorized Transporter of Casinghead Gas	Address (Give address to which approved copy of this form is to be sent)
	PHILLIPS PETROLEUM COMPANY	4th & WASHINGTON, PHILLIPS BLDG, ODESSA, TEX. 79761
If well produces oil or liquids, give location of tanks.	Unit L, Sec. 33, Twp. 17, Rge. 29	Is gas actually connected? Yes, When 1-17-77

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'v.	Diff. Res'v.
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 (pilot, 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.

0-4-NMCC-AAT	Ray W. Cox
1-Div.	(Signature)
1-SUP.	Administrative Assistant
1-RC	(Title)
20-Partners	1-26-77
	(Date)

OIL CONSERVATION COMMISSION

JAN 27 1977

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY W. A. Gussert  
SUPERVISOR, DISTRICT II

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 completed wells.