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NO. OF COPIES HECEIVED 5			
DISTRIBUTION		DNSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
SANTA FE	REQUEST F	OR ALLOWABLE	Effective 1-1-65
FILE	ADCEIVED Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE		SEP 1 3 1976	
TRANSPORTER OIL /		JEI I C III	
GAS /		o, c. c.	
OPERATOR /			
I. PRORATION OFFICE	l		
AMOCO PRODUCTION	COMPANY		
AMUCU PRODUCTION			
P.O. DRAVIEN A. LEVELLAND, TEXAS Reason(s) for filing (Check proper box)	) <u>1933D</u>	Other (Please explain) Et	+. 8/1/76
New Well	Change in Transporter of:	FROM: Amoco PRO	DUCTION COMPANY
Recompletion	Oil Dry Ga		, of New Mexico
Change in Ownership	Casinghead Gas 🗌 Conden	sate 10: GAS COMPAN	y of NEW MEXICO
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE	Kird of Leas	e Lease No.
Lease Name	Well No. Pool Mane, Increating 1	ormation	
LEE "C" GAS COM	1 ATOKA PEN.	N - GAS State, Federa	<u>/ ८</u>
	./	000	Here
Unit Letter; 165	O Feet From The NORTH Lin	e and Feet From	The <b>YES</b>
		-	DDY County
Line of Section 22 To	wnship 18-5 Range	26-E, NMPM, E	
•		-	
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be scnt)
Name of Authorized Transporter of Oil	or Condensate	Traditione Lotter means	
AMOCO PRODUCTION C	Singhead Gas or Dry Gas St	Box 1183 - Houston Address (Give address to which appro	hed copy of this form is to be sent)
Name of Authorized Transporter of Ca	singhead Gas of Dry Gas Z	FIRST INTERNATIONAL	BLOG. DALLAS TX 75270
GAS COMPANY of NE	W/EXICO	Suire 1800	BLDG. DALLAS, TX. 75270
If well produces oil or liquids,	Unit Sec. Imp.	YES	8-1-61
give location of tanks.			
If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:	· · · · · · · · · · · · · · · · · · ·
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.
Designate Type of Completi			
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date completificady to 1 foot		
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)			
			Depth Casing Shoe
. Perforations			
	TUBING, CASING, AN	D'CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be	after recovery of total volume of load of	il and must be equal to or exceed top allow
V. TEST DATA AND REQUEST A	able for this c	lepth or be for full 24 hours) Producing Method (Flow, pump, gas	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	
			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
			Gas - MCF
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	
GAS WELL			Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Teat	Bbls. Condensate/MMCF	
		Chut-inl	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
			ATION COMMISSION
VI. CERTIFICATE OF COMPLIA	NCE		
		SEP 1	4 1976
I hereby certify that the rules an	d regulations of the Oil Conservatio	n AFFROVED 71 O	1 and an at
	I with and that the information give the best of my knowledge and belief	. BY	YUCCEAN
above is true and complete to	····· ····· ···· ···· ····· ···· ·····	III IIII COR	DISTRICT. II
	Λ	This form is to be filed i	n compliance with RULE 1104.
Di Y-HMDEC-ART Ray W. Cox		If this is a request for allowable for a newly drilled or deependent	
(Signature)		well, this form must be accompanied by a termule 111.	
1-DIU Adminis	strative Assistant	All sections of this form	must be filled out completely for allow
I-IMG AUTIMIS			
	(Title)	It atta an new end recompleted	W G 176 *
	Tule) 3-76	able on new and recompleted	wells. , II, III, and VI for changes of owner porter, or other such change of condition

well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multipl completed wells.