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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

(DEVIATION SURVEYS- ATTACHED)

RECEIVED

JAN 21 1976

Operator AMOCO PRODUCTION COMPANY		O. C. C. ARTESIA, OFFICE	
Address BOX 367, ANDREWS, TEXAS 79714			
Reason(s) for filing (Check proper box)		Other (Please explain) 60 DAY TEMP SALE.	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name HONDO B. Teal Gas Co. M	Well No. 1	Pool Name, Including Formation RED LAKE-PENN	Kind of Lease State, Federal or Fee FED	Lease No. LC-070678-0
Location Unit Letter L 2310 Feet From The SOUTH Line and 660 Feet From The WEST				
Line of Section 8 Township 18-S Range 27-E, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
AMOCO PRODUCTION COMPANY (TRUCKS)	Box 1183 HOUSTON, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NATURAL GAS PIPE LINE OF AMERICA	Box 236, MIDLAND TEXAS 79701					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 8	Twp. 18	Rge. 27	Is gas actually connected? YES	When 1-15-76

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n. Eff. R.
		X	X				
Date Spudded 11-8-74	Date Compl. Ready to Prod. 1-15-75	Total Depth 9418'	F.B.T.D. 9362'				
Elevations (D.F., H.S.B., R.T., CR, etc.) 3405' RDB	Name of Producing Formation MORROW	Top Oil/Gas Pay 9314	Tubing Depth 9255'				
Perforations 9314-22, 25-31, 40-43			Depth Casing Shoe 9417'				
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
17 1/2"	13 3/8"	321'	300				
11"	8 3/8"	2010'	1100				
7 7/8"	5 1/2"	9417'	850				

V. 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 7.9	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate —
Testing Method (pitot, back pr.) ORIFICE	Tubing Pressure (Shut-in) FLW 1175-1200	Casing Pressure (Shut-in) PKR	Choke Size 32/64

VI. 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.

[Signature]
ADMINISTRATIVE ASSISTANT

(Title)

(Date)

JAN 19 1976

OIL CONSERVATION COMMISSION

JAN 21 1976

APPROVED _____, 19

BY *W. A. Gressett*

TITLE SUPERVISOR, DISTRICT II

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 multiple completed wells.

044-NMOC-4r+
1-DIV
1-BUSP
1-EXXON
1-ARCO
1-RRY