STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Amoco Production Company
Address: P.O. Box 68 Hobbs NM 88240

Reason(s) for filing (Check proper box)

- [ ] New Well
- [x] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain): To Show Gas Connection Request Permission to Produce

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State EC	1	~~Hat~~ Turkey Track, North Atoka	State, Federal or Fee State	L-1022

Location

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West

Line of Section 5 Township 19-S Range 29-E , NMPM, Eddy County

SCURLOCK PERMIAN CORP EFF 9-1-91

III. 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)
The Permian Corporation Permian (Eff. 9/1/87)	P.O. Box 1183, Houston, TX
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	**Address (Give address to which approved copy of this form is to be sent)**
El Paso Natural Gas	P.O. Box 1492 El Paso, TX

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	5	19-S	29-E	Yes	12-23-85

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

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Sandra M. Herring
(Signature)
Administrative Analyst (SG)
(Title)
12-26-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 22 1986, 19__

BY Original Signed By
Jes A. Clements

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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil well	Gas well	New well	Workover	Deepen	Plug back	Same reserv.	Diff. Res.
		X				X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
OC 9-14-85	9-30-85	11,436'	10,598'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3413.4' RDB	Atoka	10472'	10,535

Perforations	Depth Casing Shoe
10,472-77', 10482-86', 10595-98'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	396'	200TS, 480SX C1C
12 1/4"	9 5/8"	3602'	1585SX LT, 200SX C1C
8 3/4"	5 1/2"	11,436'	1200SX LT, 1100SX C1H

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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
1650	24 hrs	13	
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**