

DISTRIBUTION	
SANTA FE	/
FILE	/
O.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-101 and O-111
Effective 1-1-65

RECEIVED
SEP 19 1979

Operator Amoco Production Company	O. C. C. ANTERIAL OFFICE
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Address P. O. Box 68, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Name changed to add word Com.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Gas ☐	
Change in Ownership of: Oil ☐ Gas ☐	

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

DESCRIPTION OF WELL AND LEASE	
Lease Name Greenwood Pre-Grayburg Unit Red. Com.	Well No. 12
Pool Name, including Formation Shugart Penn	Kind of Lease State, Federal or Fee
Location	Lease No.
Unit Letter F	1650 Feet From The North Line and 1980 Feet From The West
Line of Section 35	Township 18-S Range 31-E, NMMA, Eddy County

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)
Texas-New Mexico Pipeline	P. O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Gas Co. of New Mexico	P. O. Box 1358, Lovington, NM
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
P 27 18 31	Yes 8-16-79

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 Sore Res'te. Part. Re'ly.
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, 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
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	SEP 20 1979
0+4-NMOCD-A 1-Hou 1-Susp 1-BD 1-G. Ethridge	APPROVED _____
Ray Cox	BY _____
Administrative Supervisor	TITLE SUPERVISOR, DISTRICT II
9-13-79	This form is to be filed in compliance with RULE 1104.
(Date)	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of fluid viscosity tests taken on the well in accordance with RULE 111.
	All portions of this form must be filled out completely for allowable on new well or completed well.
	Fill out only sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.