

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

RECEIVED

JAN 09 1981

REQUEST FOR ALLOWABLE
AND
O. C. D.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE

NO. OF PRODUCE RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1 Z
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	1
OPERATOR	1
PRODUCTION OFFICE	1

Amoco Production Company

Address
P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

To add condensate transporter

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State IL Com	Well No. 1	Pool Name, including Formation Wildcat Morrow Boyd	Kind of Lease State, Federal or Fee	State State	Lease L-4609
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line of Section 3 Township 19-S Range 24-E, NMPL, Eddy					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ The Permian Corporation P.O. Box 1183, Houston, TX 77001	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit G Sec. 3 Twp. 19 Rge. 24 Is gas actually connected? Yes When 2/1-81

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	Some Tests	Unit
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.E.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 oil
able 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 04-NMOCD, A 1-Hou,
1-Susp 1-LBG 1-W. Stafford, Hou 1-Abby Corp.
I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.
1-HNG 1-Perry Gas 1-Read x Stevens 1-Yates
1-Coquina 1-Patrick Petroleum

Benton Greer
(Signature)

Assistant Administrative Analyst

1-8-81

(Date)

OIL CONSERVATION DIVISION

JAN 23 1981

APPROVED

BY

TITLE SUPERVISOR, DISTRICT 2

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the deviate
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil
well name or number, or transporter or other such change of condition.

Separate Form C-104 must be filed for each pool in multi
completed wells.