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

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

JUL 26 1974

Amoco Production Company ✓

O. C. C.
ARTESIA, OFFICE

BOX 68, HOBBS, N. M. 88240

Reason for filing (Check proper box)	Other (Please explain)
New well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
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 checked="" type="checkbox"/>

Formerly - The German Corp (Takes)
Egg - 8-1-74

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

I. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Smith Feature Gas COM	1	INDIAN BASIN - UPPER PENN	State, Federal or Fee FED	SW-28'S
Unit Letter F	1650	Feet From The NORTH	Line and 2310	Feet From The WEST
Range of Section 12	Township 22-S	Range 23-E	NMPM, EDDY	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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 PROD. CO. (TAKES)	Box 1183, TEXAS
* MARATHON OIL CO.	MIDLAND, TEXAS
SOUTHERN UNION GAS CO.	DALLAS, TEXAS
* MARATHON OIL CO.	MIDLAND, TEXAS
Unit Sec. Twp. Rge.	Is gas actually connected? When
F 12 22 23	YES 11-30-65 3-30-66

* SUPERIOR TAKES THEIR 50% IN KIND @ WELLHEAD
If this gas is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designation Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (H, 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					

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)

JUL 24 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 26 1974, 19_____
BY *[Signature]*
TITLE OIL AND GAS INSPECTOR

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.