DISTRIBUTION		
SANTA FE	1	6
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	1	
TRANSPORTER GAS	1	
OPERATOR	1	
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

RECEIVED

DEC 19 1978

O. C. C.
ARTESIA, OFFICE

Operator
Amoco Production Company ✓

Address
P.O. Drawer "A", Levelland, Texas 79336

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)

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Smith Federal Gas Com	1	Indian Basin Upper Penn	State, Federal or Fee Federal	SW-285

Location
Unit Letter F : 1650 Feet From The North Line and 2310 Feet From The West

Line of Section 12 Township 22-S Range 23-E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
The Permian Corporation (trucks)

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183, Houston, Texas

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Gas Co. of N.M.
Natural Gas Co

Address (Give address to which approved copy of this form is to be sent)
1st Intl. Bldg - Suite 1800, Dallas, Tex
Box 1329 Artesia, NM 88210

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	12	22	23	yes	11-30-65 / 3-30-66

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	Same Resv.	Diff. Resv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.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

(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**

Pitot
LP 2
12-21-78
Open pipe

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**

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.

Dennis Evans
(Signature)

Assistant Administrative Analyst
(Title)

December 14, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 20 1978, 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.