

DISTRIBUTION			
SANTA FE			
FILE			✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	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-110
Effective 1-1-65

RECEIVED

NOV 24 1976

Operator AMOCO PRODUCTION COMPANY ✓		D. C. C. District Office	
Address P.O. DRAWER A, LEVELLAND, TEXAS 79336			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	<i>Designate</i> Change in Transporter of:	To show TRANSPORTER of	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	CONDENSATE - <i>ADULT</i> <i>ADULT</i>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____			

Lease Name MIDWEST "L" FED. GAS Com		Well No. 1	Pool Name, Including Formation SOUTH CARLSBAD-MORROW GAS	Kind of Lease State, Federal or Fee FED.	Lease No.
Location					
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST					
Line of Section 34 Township 22-S Range 26-E , NMPM, EDDY County					

Name of Authorized 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 PRODUCTION COMPANY (TRUCKS)						Box 1183, HOUSTON, TEXAS	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>						Address (Give address to which approved copy of this form is to be sent)	
EL PASO NATURAL GAS Co.						Box 1384, JAL NEW MEXICO	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	K	34	22	26	YES	5-14-74	

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

Designate 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 (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			

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			

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	

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.		OIL CONSERVATION COMMISSION NOV 29 1976 APPROVED _____, 19____ BY <i>W. A. Gussert</i> TITLE SUPERVISOR, DISTRICT II	
4- NMCC - ART 1- DR REED 1- JMG 1- SCS.P. 1- RC		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.	
<i>Ray W. Cox</i> (Signature) Administrative Assistant (Title) 11-23-76 (Date)			