

DISTRIBUTION	
SANTA FE	1
FILE	1
U.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 C-104
Superseding OIL C-101 and C-11
Effective 1-1-65

JAN 09 1981

O. C. D.
ARTESIA, OFFICE

Operator Amoco Production Company ✓	
Address P. O. Box 68, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	To add condensate transporter
Recompletion ☐	
Change in Ownership ☐	
Designate Change in Transporter of:	
Oil ☐	
Casinghead Gas ☐	
Dry Gas ☐	
Condensate ☒	

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

DESCRIPTION OF WELL AND LEASE

Lease Name Lancaster Springs Com.	Well No. 1	Pool Name, Including Formation Happy Happy Valley Morrow	Kind of Lease State, Federal or Fee State	Lease No. LG-5995
Location				
Unit Letter I	2310	Feet From The South	Line and 660	Feet From The East
Line of Section 8	Township 22-S	Range 26-E	NMPM, 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)					
The Permian Corporation	P. O. Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 8	Twp. 22	Rgc. 26	Is gas actually connected? Yes	When 12-22-80

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 Res'tv.	Full Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.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 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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE 0+4 NMOCD, A 1-Hous 1-Susp 1-LBG 1-W.Stafford, Hou 1-Inexco

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.
1-Pogo Prod. 1-Holly Energy 1-Cotton Pet.
1-Read x Stevens 1-E. L. Latham

Benton Green
(Signature)
Assistant Administrative Analyst
(Title)
1-8-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____ 19____
BY *W.A. Grissett*
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 deemed well, this form must be accompanied by a tabulation of the production tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable to be considered completed.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions.