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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

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JUL 9 1974

Operator Amoco Production Company		D. C. C. ARTESIA OFFICE	
Address BOX 68, HOOBS, N. M. 88240			
Reason(s) for filing (check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	EFFECTIVE 7-1-74
Recompletion	<input type="checkbox"/>	Oil	FORMERLY:
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	NEW MEXICO W STATE # 1
		Dry Gas	
		Condensate	

If change of ownership give name and address of previous owner MIDWEST OIL CORP. MIDLAND, TEXAS

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name	STATE W	1	So CARLSBAD-MORROW-GAS	State, Federal or Fee STATE	K-2857
Location					
Unit Letter	G	1980	Feet From The NORTH Line and	1980	Feet From The EAST
Line of Section	3	Township	23-S	Range	26-E, NMPM, EDDY
County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
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)			
NAVAJO CRUDE OIL PURCH. (TRKS)		Drawer 175 Artesia N.M.			
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 N.M.			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected? When
	G	3	23	26	YES 7-2-74

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'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				

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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		JUL 9 1974	
APPROVED		BY <u>W. A. Grasset</u>	
TITLE <u>ADMINISTRATIVE ASSISTANT.</u>		TITLE <u>OIL AND GAS INSPECTOR</u>	
JUL 1 1974		This form is to be filed in compliance with RULE 1104.	
(Date)		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 multiple.	