

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION FEB 22 1993

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

O. C. D.
Oil Conservation Division

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Company Well API No. 30-015-22452
Address P.O. Box 3092 Houston, Tx 77253 (Room 17.180)

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐

Casinghead Gas ☐ Condensate ☒

Other (Please explain)

Run Atoka liquids out of tanks
effective 2/12/93

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pardee Farms Gas Com Well No. 1 Pool Name, including Formation Culebra Bluff, South-Atoka-Gas Kind of Lease State, Federal or Free Lease No. _____
Location Unit Letter G 1980 Feet From The N Line and 1480 Feet From The E Line
Section 26 Township 23 S Range 2 E E NMPM Eddy County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline - Ict or Condensate ☒ Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave Levelland, Tx 79336
Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) _____

If well produces oil or liquids, give location of tanks. Unit G Sec. 26 Twp. 23 S Rge. 2 E E Is gas actually connected? _____ When? _____

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

IV. 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.								
Elevations (DF, RKB, RT, GR, etc.)								
Perforations								

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
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 (puol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Matthew C. Wines Business Analyst
Printed Name Matthew C. Wines Title (713) 556-3744
Date 2/12/93 Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved FEB 23 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.