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

RECEIVED
AUG - 5 1993
O. C. D.

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

C/SF WF GT Dp

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator		Well API No.
Amoco Production Company ✓		30-015-~~22342~~ 22452
Address		
P.O. Box 3092, Rm 17.182	Houston, Texas	77253-3092

Reason(s) for Filing *(Check proper box)*

New Well ☐
Recompletion ✓
Change in Operator ☐

Change in Transporter of:
Oil [X] Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other *(Please explain)* ☐

mc-17

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Pardue Farms Gas Com	1	Loving Morrow, North	(Fee)	

Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 26 Township 23-S Range 28-E ,NMPM, Eddy, NM County

III. 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)*
Amoco Pipeline -- ICT	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)***
(Same -- El Paso Natural Gas)	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	G	26	23	28	Yes	07-14-93

If this production is commingled with that from any other lease or pool, give commingling order number: C-107 Subm'd 8-2-93 For Approval

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.	Total Depth	P.B.T.D.
03-14-78	7-15-93 ~~06-09-78~~	13254'	12948'
Elevations *(DF,RKB,RT,GR,etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3012.4 GR	Morrow		12571'
Perforations			**Depth Casing Shoe**
12902-12924'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
20"	16"	65#	408'	500 SX
14-3/4"	10-3/4"	45.5# & 40.5#	3025'	1930 SX
9-1/2"	7-5/8"	33.7 & 39#	11385'	1925 SX
6-1/2"	5"	18#	11066' - 13255'	200 SX

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.)*	
			Pmp ID-2 9-3-93 comp Mor
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
7-15-93 99	24 hrs	475	N/A
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
back pr	650 flowing	32	2"

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.

Devina M. Prince
Signature

Devina M. Prince — Staff Assistant
Printed Name — Title

08-02-93 — (713) 596-7686
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 2 7 1993

By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

Title _____

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.