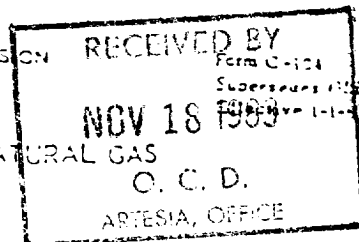


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OPERATOR	☒
PRORATION OFFICE	☐

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



Operator	Amoco Production Company ☒
Address	P. O. Box 68, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Set up transporter for condensate
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Gas ☐	
Change in Ownership of: Oil ☐ Gas ☐	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Section Name, including formation	Kind of Lease	Lease No.
Cimarron RB Fed Gas Com	1	Dublin Ranch Atoka	Federal	NM 16331
Location	Unit Letter	Feet From The	Line and	Feet From The
	L	1980	South	660
			West	
	Line of Section	Township	Range	County
	34	22-S	28-E	Eddy

II. 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 Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Llano, Inc.	P. O. Drawer 1320, Hobbs, NM 88241					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	34	22-S	28-E	Yes	10-3 -83

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Other Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, RWD, 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					

IV. 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	Testing 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, suck pr.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. CERTIFICATE OF COMPLIANCE

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.

Cathy L. Forman
(Signature)
Assist. Admin. Analyst

(Title)
11-14-83

(Date)

0+5-NMOCD,A 1-R.E.Ogden, HOU Rm.21.150 1-CLF
1-E J. Nash HOU Rm. 4 20/

OIL CONSERVATION COMMISSION
NOV 18 1983

APPROVED _____, 19____
BY _____
Original Signed By
Leslie A. Clements
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 deepened well, this form must be accompanied by a tabulation of the deviated 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 completed wells.