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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-105
Effective 1-1-65

RECEIVED

JUL 23 1982

1. Operator
Amoco Production Company

Address
P. O. Box 68, Hobbs, New Mexico 88240

O. C. D.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Request allowable to Produce

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Big Sink Federal Unit Cont 1	Well No., Pool Name, including Formation Wildcat Atoka	Kind of Lease State, Federal or Fee Federal	Lease No. NM17232
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 35 Township 25-S Range 31-E , NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
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	P. O. Box 1492, El Paso, Texas 79978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
			No

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'y.	Diff. Res'y.
			X	X					
Date Spudded 6-17-81	Date Compl. Ready to Prod. 7-9-82	Total Depth 15700		F.B.T.D. 14400					
Elevations (DF, RKB, RT, GR, etc.) 3350.3 RDB	Name of Producing Formation Atoka	Top Oil/Gas Pay 14348		Tubing Depth 14190					
Perforations 14348-56, 14362-91 4 JSPE		Depth Casing Shoe 15699							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26		20		991		2000 CTH			
7-1/2		13-3/8		4368		5100 lite, 300 CTC			
12-1/4		9-5/8		12140		2800 lite, 500 CTH			
		7		11634-14899		650 CTH			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after release 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 645	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Flow	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 16/64

VI. 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.

Mark Freeman
(Signature)

Assist. Admin. Analyst
(Title)

7-16-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Reed

TITLE _____

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 deviatric tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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.