

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

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

AUG 16 1973

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

Operator **Amoco Production Company** **O. C. C.**
ARTESIA, OFFICE

Address **BOX 68, HOBBS, N. M. 88240**

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) **Formerly: The Permian Corp (Trucks)**
Drick D (PERJELTORY)

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

DESCRIPTION OF WELL AND LEASE
 Lease Name **STATE CF** Well No. **4** Pool Name, including Formation **CHISUM DEVONIAN** Kind of Lease **STATE** Lease No. **88385**
 Location:
 Unit Letter **J**; **1980** Feet From The **SOUTH** Line and **1980** Feet From The **EAST**
 Line of Section **13** Township **11-S** Range **27-E**, NMPM, **CHAUES** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Amoco Prod. Co. (TRUCKS) Address (Give address to which approved copy of this form is to be sent) **Box 1183 HOUSTON TEXAS**
 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 **J** Sec. **13** Twp. **11** Rge. **27** Is gas actually connected? **NO (TSTM)** When _____

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 _____ F.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.)	
Leak-off 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.
Roy R. Yorkum
 (Signature)
ADMINISTRATIVE ASSISTANT
 (Title)
8-15-73
 (Date)

OIL CONSERVATION COMMISSION
AUG 16 1973
 APPROVED _____, 19____
 BY **W. A. Gussert**
 TITLE **OIL AND GAS INSPECTOR**
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a new 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 multiply completed wells.

03-Nmocc-Act
 1-DIV
 1-OBP
 1-JEL
 1-SUBP
 1-RRY