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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-110
 Effective 1-1-65

RECEIVED

JUL 1 1974

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

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

Reason(s) for filing (check proper box):
 New Well Change in Transporter of:
 Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

Other (Please explain): **EFFECTIVE 7-1-74 FORMERLY FEDERAL A #1 WELL SHUT DUE TO LACK OF MARKET**

If change of ownership give name and address of previous owner: **MIDWEST OIL CORP. MIDLAND, TEXAS**

DESCRIPTION OF WELL AND LEASE

Lease Name: MIDWEST A FEDERAL	Well No.: 1	Pool Name, including Formation: SAMS RANCH GSA	Kind of Lease: FED	Lease No.: NM 0223201
Location: Unit Letter L , 1980 Feet From The SOUTH Line and 660 Feet From The WEST	Line of Section: 10	Township: 14-S	Range: 28-E	County: CHAVES

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 type="checkbox"/>	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 Sec. Twp. Rge. Is gas actually connected? When

VI. 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.					
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.)	
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
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.

Ray P. Yoakum
 ADMINISTRATIVE ASSISTANT.
 (Title)
JUL 1 1974
 (Date)

OIL CONSERVATION COMMISSION.

APPROVED **JUL 1 1974**

BY **W. P. Gessert**

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 newly drilled or deepen 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 all wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter or other such change of conditions. Separate Forms C-104 must be filed for each pool in multi-

644-11100C
 1 DIV
 1 JEL
 1 ORP
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