

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

Form C-104  
Supersedes C-103  
Effective 1-1-74

JAN 8 1974

Amoco Production Company ✓

O. C. C.  
ARTESIA, OFFICE

BOX 68, HOBBS, N. M. 88240

Reason for filing (check proper box)

Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

EFF. 1-1-74  
(ADM. ORDER OLS-85)

If change in ownership give name  
and address of previous owner

PENROC OIL CO. INC.

II. DESCRIPTION OF WELL AND LEASE

State STATE Well No. 2 Pool Name, Including Formation EMPIRE ABO Kind of Lease STATE B-45

Section P 360 Feet From The SOUTH Line and 330 Feet From The EAST

Range 28 Township 17-S Range 28-E NMPM, EDDY

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designated Transporter of Oil ☒ or Condensate ☐

Amoco Pipeline Co.

Address (Give address to which approved copy of this form is to be sent)

2300 CONT'L Bldg. Fort Worth Texas

Designated Transporter of Casinghead Gas ☒ or Dry Gas ☐

Phillips Petroleum Co.

Address (Give address to which approved copy of this form is to be sent)

BARTLESVILLE OKLAHOMA

If well produces oil or liquids,  
give location of tanks.

Unit N Sec. 27 Twp. 17 Rge. 28

Is gas actually connected?

YES

When

3-15-71

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 Result
Date Drilled	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 of hole 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.

OIL CONSERVATION COMMISSION

APPROVED JAN 8 1974

BY

W. A. Gressett

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with  
If this is a request for allowable for a newly completed well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 10.

All sections of this form must be filled out completely on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change.

Separate Forms C-104 must be filed for each pool or recompleted wells.

(Signature)

AREA ENGINEER

(Title)

JAN 7 1974

(Date)