

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	☐
LAND OFFICE	☐
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATION	☒
PROMOTION OFFICE	☐

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Ameco Production Company
P.O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	<u>Change in Gas Transporter.</u>
☐ Change in Ownership	☐ Casinghead Gas	
	☒ Dry Gas	
	☐ Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Greenwood No. 1</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Shugart Siluro Devonian</u>	Kind of Lease <u>Federal</u>	Lease No. <u>629392 (B)</u>
Location <u>Grayburg Unit, Federal</u>	Unit Letter <u>P</u>	Feet From The <u>South</u> Line and <u>660</u>	Feet From The <u>East</u>	
Line of Section <u>27</u>	Township <u>18-S</u>	Range <u>31-E</u>	NMPM, <u>Eddy</u>	County

III. 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)
<u>Texas-New Mexico Pipeline Company</u>	<u>P.O. Box 1570, Midland, TX</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco, Inc.</u>	<u>P.O. Box 460, Hobbs, NM 88240</u>
If this production is commingled with that from any other lease or pool, give commingling order number:	Is gas actually connected? <u>yes</u> When <u>7-11-86</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Charles M. Derrington
(Signature)
Administrative Analyst (SG)
(Title)
7/10/86
(Date)

015-AMOCQ, A, 1-JRB, 1-FIN, 1-CMH

OIL CONSERVATION DIVISION

APPROVED JUL 16 1986, 1986
BY Original Signed By
Les A. Clements
TITLE Supervisor District II

This form is to be filled 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 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 filled for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same res'y.	Diff. Res'y.
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 (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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size