NO. OF COPIES RECEIVED			
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SANTA FE			
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U.S.G.S.			
LAND OFFICE			<u> </u>
TRANSPORTER	OIL		
TRANSPORTER	GAS		
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND			Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
1.	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
1.	Amoco Production Co	mpany			
	Address				
	BOX 68, HOBBS, N. M. 882 Reason(s) for filing (Check proper box)		Other (Please explain)	51	
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden	Réquest permisses	nding complition.	
	If change of ownership give name and address of previous owner	77	TEM PORARY-	MARKET	
••	•	FACE			
11.	Least One Location	Well No. Bool Name, Including Fo	N HNDRES State, Federal		
		O Feet From The SouTH Line	e and <u>660</u> Feet From 1	The EAST	
	Line of Section 18 Tow	nship 9-5 Range	36-E , NMPM, L	County	
		OF OF AND NATIONAL CA	S		
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Cas.	(1)	Address (Give address to which approx	ped 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? Whe	JK C AJ	
**/	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling order number:		
	Designate Type of Completio	I	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded 5-16-72	Date Compl. Ready to Prod. 5-24-72	9751	4780	
	Elevations (DF, RKB, RT, CR, etc.) 4097 RDB	Name of Producing Formation San Condres	Top Oil/Gas Pay 4649	Tubing Depth 4670	
	Perforations	110-24, 42-55, 60-6	67	Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	11022 3122	858"	4871	5∞ sr	
		133/8"	450	500 Sx	
V.	OIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top allow- ft, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Was Phil	Gas • MCF	
	Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gds-MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
377			OU CONSERVA	ATOR COMMISSION	
¥1.	. CERTIFICATE OF COMPLIANC		_	1070 COMMISSION	
	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.		Orig. Signed by		
			 	e D. Ramey Dist. I, Supv.	
_	NA MONAO II		TITLE		
C	0+3. NMOCC-11 /	x L	If this is a request for allow	compliance with RULE 1104.	
	1-08P (Signa	AREA SUPERINTENDENT	well, this form must be accompa- tests taken on the well in acco	inied by a tabulation of the deviation rdance with RULE 111.	
	1- SUS P 1- RRY (TU		able on new and recompleted w	ist be filled out completely for allow- ells. I III. and VI for changes of owner,	

1 1972

JUN

(Date)

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.

NO. OF COPIES REC	EIVED	Ī	
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TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

111.

IV.

VI.

SANTA FE FILE			NEW MEXICO OIL (REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S.				AUTHORIZATION TO TR	AND ANSPORT OF AND NATUR	
LAND OFFICE					المراما مالم المراما المراما	VAL GAS
TRANSPORTER	GAS				•	
OPERATOR	1 4 7 3					
PRORATION OF	FICE					
Operator PAN AMERICAN	PETRO	LEUN	\ cc	PRPORATION		
BOX 68, HOBBS	. NI M	882	40			
Reason(s) for filing						
New Well		noper	UU.	Change in Transporter of:	Other (Please explain	SCURLOCK OIL Co. (TRUCKS)
Recompletion				Oil Dry Go		Storzoot Ort (8.(1400s)
Change in Ownership	P			Casinghead Gas Conde	nsate	
If change of owners and address of prev			ie .			
DESCRIPTION O	F WEL	I. A1	vn t	FASE		
Leane Name	H	<u>~</u>	<u> </u>	Well No. Pool Name, Including F	'ormation Kind of	Lease No.
REED		\preceq		BOUGH Perm	10 Penn State, i	Federal or Fee Joe
Location Unit Letter		. /	88	O Feet From The SOUTH Lin	ne and 660 Feet	From The EAST
	10	. •		o c		rom the
Line of Section	_/8_		Town	g - g - g - g - g - g - g	36-E , NMPM,	EA County
DESIGNATION O	F TRA	NSPO	ORT	ER OF OIL AND NATURAL GA	ıs	
Name of Authorized	Transpor	ter of	Oil	or Condensate		approved copy of this form is to be sent)
MOBIL	PIP	ΕĻ	ĬΣ	SE CORP.	BOX 900, DAL	LAS TEXAS
'Name of Authorized'	Liquabor	ter ol	Casi	nghead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)
Manager and an analysis of the	11			Unit Sec. Twp. Rge.	Is gas actually connected?	When
If well produces oil a give location of tank		•,	. ;	I 18 9 36	No	
		ngled	with	that from any other lease or pool,	give commingling order number	ri
COMPLETION DA	ATA			Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'v.
Designate Typ	e of C	ompl	etion	1 - (X)	How well workered Daeph	en Plug Buck Sume Resv. Diff. Resv.
Date Spudded				Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			_			
Elevations (DF, RKE	B, RT, G	R, etc	ا ز.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	 -		L			Depth Casing Shoe
	``		· · · · · ·		CEMENTING RECORD	
HOLE	SIZE			CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
						
						
TEST DATA AND	REQU	JEST	FO	RALLOWABLE (Test must be a)	fter recovery of total volume of loa pth or be for full 24 houre)	nd oil and must be equal to or exceed top allow-
OIL WELL Date First New Oil F	lun To T	anks	T	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
				•		
Length of Test				Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During	Test			Oil - Bble,	Water-Bbls.	Gas-MCF
Actual Float During				•		3323
 					<u> </u>	
GAS WELL Actual Prod. Test-M	10 f m		1,	Length of Test	This Condensation	
Actual Prod. 1001-M	ICF/D		[Caudiu or rest	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pito	t, back p	r.)	 -	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			Ì.			
CERTIFICATE O	F COM	PLIA	INC	E	OIL CONSE	RVATION COMMISSION
harabu sanai fir ab	t the ····	ee ^~	d	mulations of the Oil Consequation	APPROVED	, 19
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.						
above is true and o	complete)	e to	the l	pest of my knowledge and belief.	BY	
~~~	~ `			<b>~</b>	TITLE	
H3-NMOCC-H	>_		$\leq$	هـ ا		in compliance with RULE 1104.
-1- NSW-	)	- /61			If this is a request for	allowable for a newly drilled or deepened ompanied by a tabulation of the deviation
1-5USP	) /		gnatu . //	Suph	tests taken on the well in a	accordance with RULE 111.
1-0B.P.		az C	Title	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	All sections of this for	m must be filled out completely for allow-

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