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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

Amoco Production Company

Address
BOX 68, HOBBS, N. M. 88240

Season(s) for filing (if Arch proper box)

New Well ☐ Change in Transporter of:
Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Other (Please explain) **EFFECTIVE 7-1-74**
Formerly: New Mexico State "L"

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

DESCRIPTION OF WELL AND LEASE

Lease Name STATE "L"	Well No. 2	Pool Name, Including Formation VADA PENN	Kind of Lease State, Federal or Fee STATE	Lease No. K-4105
Location Unit Letter C , 660 Feet From The NORTH Line and 1980 Feet From The WEST Line of Section 2 Township 10-S Range 33-E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco PIPE LINE Co	Address (Give address to which approved copy of this form is to be sent) 2300 Centil Bank Bldg. Fort Worth TEXAS	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM Co	Address (Give address to which approved copy of this form is to be sent) Box 1589 TULSA OKLA	
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 2 Twp. 10-S Rge. 33-E	Is gas actually connected? YES	When 4-17-68

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			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

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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 Adm. Asst. 7-1-74 (Date)	OIL CONSERVATION COMMISSION APPROVED _____, 19____ BY _____ TITLE _____ This form is to be filed 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.
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