

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-105
Effective 1-1-65

Amoco Production Company

BOX 68, HOBBS, N. M. 88240

If change of ownership give name and address of previous owner	
Change in Ownership	Other (Please explain)
Change in Ownership	EFFECTIVE 7-1-74
Change in Ownership	FROM: AMOCO PROD CO (TRUCKS)
Change in Ownership	(Orig Filed in error)

II. DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
1	VADA PENN	State, Federal or Fee	
Unit Letter	1980	Feet From The	Line and
E	1980	Feet From The	Line and
25	9-S	Range	33-E
Township		Range	
25		9-S	
Range		33-E	
NMPM,		LEA	
County		County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)			
AMOCO PIPELINE CO		2300 CONT'L BANK BLDG FORT WORTH TEXAS			
Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
WARREN PETRO. CO		Box 1589, TULSA OKLA			
Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
E	25	9	33	YES	

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

IV. COMPLETION DATA

Designated Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
(X)								
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
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 L. Lyakum
(Signature)
ADMINISTRATIVE ASSISTANT
(Title)
JUL 24 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 26 1974, 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.