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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

Operator <b>Amoco Production Company</b>	
Address <b>BOX 68, HOBBS, N. M. 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>EFFECTIVE 7-1-74</b>
Recompletion <input type="checkbox"/>	<b>Formerly: Federal "E"</b>
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE		<b>Oil Com SW-524</b>
Lease Name <b>MIDWEST "E" FED OIL COM</b>	Well No. <b>1</b>	Pool Name, including Formation <b>VADA PENN</b>
Kind of Lease State, Federal or Fee		Lease No.
Location		
Unit Letter <b>'E'</b>	<b>1980</b> Feet From The <b>NORTH</b> Line and <b>660</b> Feet From The <b>SOUTH</b>	
Line of Section <b>25</b>	Township <b>9-S</b>	Range <b>33-E</b> , NMPM, <b>LEA</b> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Amoco - TRUCKS</b>	<b>P.O. Box 1183 HOUSTON, TEXAS</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>WARREN PETROLEUM CO</b>	<b>Box 1589 TULSA OKLA</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>25</b>
	Twp. <b>9</b>	Rge. <b>33</b>
	Is gas actually connected? <b>YES</b>	
	When	

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
Date Spudded	Date Compl. Ready to Prod.	Total Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
Perforations	Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET

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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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.		APPROVED _____, 19 _____	
BY <b>Roy R. Yorkum</b>		Orig. Signed by	
Adm. Asst.		Joe D. Ramsey	
(Title)		Dist. I, Supv.	
7-1-74			
(Date)			
		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.	