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TRANSPORTER	OIL	
	GAS	
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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-  
Effective 1-1-65

Operator	
AMERICAN PETROFINA CO. OF TEXAS	
Address	
Box 2990, Midland, TX 79702	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner Amoco Production Company, Box 68, HCBBS, NM 58240

Lease Name		Well No.	Pool Name, Including Formation		Kind of Lease	NM Lease No.
Horton Federal		17	Milnesand San Andres		State, Federal or Fee Federal	0145685
Location						
Unit Letter	I	2310	Feet From The	South	Line and	929
			Feet From The	East		
Line of Section	30	Township	8	Range	35	NMPM, Roosevelt County

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)	
Mobil Pipe Line Company							Box 900, Dallas, TX 75221	
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)	
Warren Petroleum Company							Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When		
	J	30	8	35	Yes	-		

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

Designate Type of Completion - (X)										Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded		Date Compl. Ready to Prod.				Total Depth				P.B.T.D.							
Elevations (DF, RKB, FT, 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 OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hour)

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
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)
Ebls. Condensate/MMCF	Gravity of Condensate
Casing Pressure (Shut-in)	Choke Size

VI. 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.		JUL 11 1984	
APPROVED _____, 19____		BY _____	
J. C. Chapman (Signature)		ORIGINAL SIGNED BY RUBY GUNTON	
Assistant Dist. Manager of Production (Title)		TITLED SUPERVISOR	
July 5, 1984 (Date)		This form is to be filed in compliance with RULE 1104.	
nh		If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.	
		All sections of this form must be filled out completely for all able on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi	