

DISTRIBUTION			
SANTA FE			
FILE			
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-105  
Effective 1-1-65

I. Operator  
AMERICAN PETROFINA CO. OF TEXAS  
Address  
Box 2990, Midland, TX 79702  
Reason(s) for filing (Check proper box)  
New Well ☐ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐ Injection Well  
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐  
If change of ownership give name and address of previous owner Amoco Production Company, Box 68, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Horton Federal Well No. 25 Pool Name, Including Formation Milnesand San Andres Kind of Lease State, Federal or Fee Federal Lease No. 0145685  
Location  
Unit Letter F ; 1650 Feet From The North Line and 1652 Feet From The West  
Line of Section 29 Township 8 Range 35 , NMPM, Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved 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? When  
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
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, 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

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/MCMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure (Shot-in) Casing Pressure (Shot-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.  
J. C. Chapman J. C. Chapman  
(Signature)  
Assistant Dist. Manager of Production  
(Title)  
July 5, 1984  
nh (Date)

OIL CONSERVATION COMMISSION  
JUL 11 1984  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ DISTRICT SUPERVISOR  
TITLE \_\_\_\_\_  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.

RECEIVED

JUL 10 1984

U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION