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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-105  
Effective 1-1-55

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 ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

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.: 27  
Pool Name, including Formation: Milnesand San Andres  
Kind of Lease: State, Federal or Fee Federal  
NM Lease No.: 0145685  
Location  
Unit Letter: G; 1650 Feet From The North Line and 2314 Feet From The East  
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 ☐  
Mobil Pipe Line Company  
Address (Give address to which approved copy of this form is to be sent)  
Box 900, Dallas, TX 75221  
Name of Authorized Transporter of Casinghead Gas: ☒ or Dry Gas ☐  
Warren Petroleum Company  
Address (Give address to which approved copy of this form is to be sent)  
Box 1589, Tulsa, OK 74102  
If well produces oil or liquids, give location of tanks.  
Unit: J Sec: 30 Twp: 8 Rge: 35  
Is gas actually connected? Yes 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)  
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 oil able 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.  
J. C. Chapman J. C. Chapman  
Assistant Dist. Manager of Production  
July 5, 1984  
nh (Date)  
OIL CONSERVATION COMMISSION  
APPROVED JUL 11 1984  
BY MARY DEXTON  
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 well name or number, or transporter, or other such change of conditions.

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JUL 10 1984

O.C.D.  
HOSES OFFICE