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	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)		Other (Please explain)	
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"/>	

If change of ownership give name and address of previous owner Amoco Production Company, Box 68, Hobbs, NM 88240

Lease Name		Well No.	Pool Name, including Formation	Kind of Lease	NM Lease No.
Horton Federal		18	Milnesand San Andres	State, Federal or Fee Federal	0145685
Location					
Unit Letter	E	1650.5	Feet From The North	Line and 330	Feet From The West
Line of Section	29	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, 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 all 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 (pilot, 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
(Signature)
Assistant Dist. Manager of Production
(Title)
July 5, 1984
nh (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 11 1984

BY ORIGINAL SIGNED 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 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 all wells on new and recompleted wells.

Fill out only Sections I, E, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.