NO. OF COPIES REC	EIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	CHL		
	GAS		
CPERATOR			
PROPATION OF	ICE		
Operator			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old <b>C-104 and C-110</b> Effective 1-1-85
U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL (	GAS
LAND OFFICE			
THANSPORTER CIL	<u>-</u>		•
CPERATOR			
PROPATION OFFICE Operator	<u> </u>		
Amoco Production	Company		
BOX 68, HOBBS, N. M.			
Roason(s) for filing (Check proper bo	×j	Other (Please explain)	7.1.71
New Well	Change in Transporter of:  Oil Dry Gar	EFFECTIVE	CHANGED FROM:
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	sate Morgan Fade	eal Ta 3-B
If change of ownership give name and address of previous owner	MID WEST OIL COR	_	
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F	/ /1	
MORGAN C Federa	1 8 (IHAUEROO-)	AN HADRES State, Feder	3. 3. 130   ED   MINUS 3828
1	80 Feet From The EAST Lin	e and 660 Feet From	The South
111	ownship 7-S Range	33-E , NMPM, 2005	SEVELT County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of C	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
I ame or Authorized Transporter of C	asinghead Good or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)
CITIES SERVICE	012 Co		KLAHOMA
If well produces oil or liquida,	Unit   Sec.   Twp.   Rge.	Is gas actually connected? W	8-10-67
give location of tanks.		<u></u>	3.007
COMPLETION DATA	with that from any other lease or pool,		Pluc Back   Same Res'v. Diff. Res'v.
Designate Type of Complet	ion — (X) Oil Well Gas Well	New Well Workover Deepen	Plud Back Some Nessy. Diff. Nessy.
Eate 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
Ferforations		1	Depth Casing Shoe
Fellolations			
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TECT DATA AND REQUEST	EOD ALLOWARIE /Test must be a	iter recovery of total volume of load or	il and must be equal to or exceed top allow-
. TEST DATA AND REQUEST CIL WELL	able for this de	epth 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-Bble.	Water - Bble.	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
			10 710 11 00 10 10 10 11
I. CERTIFICATE OF COMPLIA	INCE	APPROVED	ATION COMMISSION
I hereby certify that the rules an	d regulations of the Oil Conservation	ALL LOS TENERS OF THE PARTY OF	
Commission have been complied with and that the information given above is true and complete to the make of my knowledge and belief.		BY	One Should by The D. Pathey
	$//\Lambda$ .		The state of the s
4-11 mocc-11		<b>11</b>	n compliance with RULE 1104.
1-DIV	yx ytakum	If this is a convent for all	owable for a newly drilled or despened
1-08P Signiture) ADMINISTRATIVE ASSISTANT, well, this form tests taken on			panied by a tabulation of the deviation cordance with AULK 111.
1- SUSP ADM	(Title)	All sections of this form table on new and recompleted	nust be filled out completely for allow- wells.
- LPY	1 4074	11	

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

(Tule)JUL

(Date)

1 1974