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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-110
Effective 1-1-85

Operator Amoco Production Company	
Address BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	EFFECTIVE 7-1-74. LEASE NAME CHANGED FROM: MORGAN FEDERAL TRACT 3-B
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **MID WEST OIL CORP, MIDLAND TEXAS**

DESCRIPTION OF WELL AND LEASE			
Lease Name MORGAN C Federal	Well No. 5	Pool Name, including Formation CHAUEROD-SAN ANDRES	Kind of Lease State, Federal or Fee FED
Location		Lease No. NM0558287	
Unit Letter M ; 660 Feet From The SOUTH Line and 660 Feet From The WEST			
Line of Section 14 Township 7-S Range 33-E , NMPM, ROOSEVELT County			

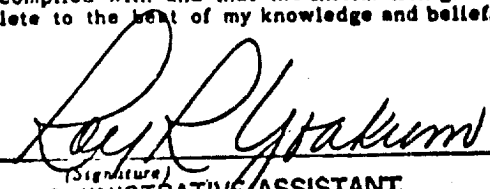
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> MOBIL PIPE LINE CO	Address (Give address to which approved copy of this form is to be sent) Box 900 DALLAS TEXAS	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CITIES SERVICE OIL CO	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE OKLAHOMA	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 14
	Twp. 7-S	Rge. 33-E
	Is gas actually connected? YES	When 10-13-67

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

COMPLETION DATA		
Designate Type of Completion - (X)	Oil Well	Gas Well
	New Well	Workover
	Deepen	Plug Back
	Same Res'v.	Diff. Res'v.
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

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/MMCF
		Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	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.		APPROVED _____, 19 _____	
		Orig. Signed by _____	
ADMINISTRATIVE ASSISTANT.		BY _____	
(Title)		TITLE _____	
JUL 1 1974			
(Date)			
44-11100CC-11 1-DIV 1-JCL 1-OBP 1-SUBP 1-RRY		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 allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply	