

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 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

Operator
AMOCO PRODUCTION COMPANY.

Address
BOX 367, ANDREWS, TEXAS 79714

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	PRODUCED AFTER 7/1/76
		Dry Gas	<input type="checkbox"/>	UNLESS IN EXCEPTION TO R-4079
		Condensate	<input type="checkbox"/>	IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name MILLER FEDERAL	Well No. Pool Name, including Formation G TOM-TOM SAN ANDRES	Kind of Lease State, Federal or Fee FED	Lease No. NM-046153-A
Location Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line of Section 34 Township 7-S Range 31-E , NMFM, CHAVES County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> THE PERMIAN CORP. TRUCKS	Address (Give address to which approved copy of this form is to be sent) Box 1183, HOUSTON TX
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> _____	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 P Sec. 34 Twp. 7 Rge. 31	Is gas actually connected? No 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded 2-22-76	Date Compl. Ready to Prod. 4-28-76	Total Depth 4125'	P.B.T.D. 3888'
Elevations (DF, RKB, RT, GR, etc.) 4294 GL	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 3870	Tubing Depth 3882'
Perforations VARIOUS - 3870' thru 3883'			Depth Casing Shoe 4125
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 5 1/2"	DEPTH SET 1465' 4125'	SACKS CEMENT 600 Sx 275 Sx

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 4-28-76	Date of Test 5-11-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 HR.	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test 79	Oil - Bbls. 26	Water - Bbls. 53	Gas - MCF 2.626

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.

Ray Cox
(Signature)
ADMINISTRATIVE ASSISTANT
(Title)
5-24-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED **May 28 1976**, 19_____
BY **[Signature]**
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 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 completed wells.

04 3- NMOC-C-N
1- DIV
1- SUB
1- OBP
1- JGL
1- T. POILLON
DALLOS, TX
1- RC