9	- 1 N - M				Supervised (States) Supervised (States) (States)	
4				IR ALLOWABLE	Effective 1 1-65	
		• • •	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS		
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Α.	· Q .					
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/	Amoco Prodi	uction Cor	npany			
1	BOX 68, HOBBS	, N. M. 8824	10	Other (Please rxplain)		
		proper 5 x t	Thange in Transporter of:	REQUEST AUTHORI	IN TO TEMP COMMITLE	
	·		Cil Dry Gas	🔲 W/GLADIOLA- DEV	IN LEASE STLENAS	
			Casinghead Gas Condensa	NOT HEON .	OF FORMAL HEF	
4 1 3						
id.	ALESS AN EAGEPTION TO BAR AND LEASE OBTAINED.					
SCF SCF	TION OF WEI	LL AND LE			See Con	
WIN	GERD		5 GLADIOLA- We	DLFCAMP State, Federal or	Fee FEE	
**:	A	660	Feet From The NORTH Line	and 460 Feet From The	EAST	
r:11				37-E, NMPM, LEA	Contry	
	- 110m 24	Townsh				
SIGN TION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of this form is to be sent address (Give address to which approved copy of the sent) address (Give address to which approved copy of the sent) address (Give address to which approved copy of the sent) address (Give address to which approved copy of the sent) address (Give address to which approved copy of the sent) address (Give address to which approved copy of the						
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	i ized Transt	orter of Casing	head Gas or Dry Gas	Address (Give address to which approved		
		ude U		Is gas actually connected? When		
0 L	r i es cilerliqu fturks.	1	J 24 12 37			
		ningled with t	hat from any other lease or pool, g		Plug Back Same Resty, Diff. Sector.	
	E THON DATA	Completion		New Well Workover Deepen	X Same Resty, Diff. Sector	
- Des			ate Compl. Ready to Prod.	Total Depth	P.B.T.D.	
00			1-22-74	11905 Top Oil/Gas Pay	11735 (Cm1)	
			ame of Producing Formation	9412'		
	-				Depth Casing Shoe	
2412	- 30, 70-88	, 9570-3	0, 40-60 W/2JSPF TUBING, CASING, AND	CEMENTING RECORD		
	HOLESIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	_17/2		1 3 3/8 ° 9 5/8 °	346 ' 4504 '	690	
	1 2 Y		7 *	11845'	600	
		·····		in a second with the second se	id must be equal to or exceed top all me-	
IEST PATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours) II. WHIL Producing Method (Flow, pump, gas lift, etc.)						
10	1-22-74	o Tanka I	Date of Test 1-24-74	SWB		
			Tubing Pressure	Casing Pressure	Choke Size	
	24		Cil-Bble,	Water - Bbis.	Gas - MCF	
2.73	312		264	48	TSTM	
- 15 - 2	ET.		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	• • ± "pirol, 50	ick pr.j	Tubing Pressue (But-In)			
V CERT	" If ATE OF C	OMPLIANC	E	OIL CONSERVA	TION COMMISSION	
for the state and regulations of the Oil Conservation				APPROVED, 19		
Complete have been complied with and that the information given			The seal that the initiality is say in	BY Then we planget		
199 9	sign of a sign complete to the beet of my menter -					
This form is to be filed in compliance with					compliance with RULE 1104.	
1	1	_ NO	1 Grakum	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 allow-		
1 /	· · · · /	Signed	ADMINISTRATIVE ASSISTANT			
(Tule)				All sections of this form must be filled out completely in sble on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of out of the section of the section o		
,			JAN 24 1974			
-		(Da	(*)	Separate Forms C-104 mus completed wells.	t be filed for each pool in multiply	