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NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE		<u>L_</u>	
TRANSPORTER	OIL	<u> </u>	
	GAS		
OPERATOR		<u> </u>	
PRORATION OFFICE		1	

## MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE	AND				
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE	1				
OIL					
TRANSPORTER GAS			- 1		
OPERATOR	DEVIATION S	(DEVIATION SURVEYS- BACK SIDE)			
PRORATION OFFICE	1				
Operator					
AMOCO PRODUCTION C	OMPANY				
Address					
BOX 367, ANDREWS,	TEXAS 79714				
Reason(s) for filing (Check proper box		Other (Please explain)			
New Well	Change in Transporter of:				
	Oil Dry Go	rs	į.		
Recompletion	Casinghead Gas Conde	<del>                                     </del>			
Change in Ownership	Cusinghesa Cus				
If change of ownership give name					
and address of previous owner					
	•				
I. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Leas	e Lease No.		
ease Name			nl or Fee FEE		
SWEARINGEN A GAS C	OM I TETERSON-PE	NA 17330C			
Location		1000	The EAST		
Unit Letter J ; 160	50 Feet From The OUTH Li	ne and 1980 Feet From	The P/OI		
O.M. Botton		22 F Page	County		
Line of Section /9 To	ownship 5-S Range	33-E , NMPM, XOOSE	UE LI Gounty		
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS Address (Give address to, which appro	and cany of this form is to be sent)		
Name of Authorized Transporter of Of	or Condensate 🔀	Addicas (over additional)	/ ^ ~ ~ ~ ~ /		
Amora Donn Co	/TRICKS >	DOX 1183. HOUSTO	N. IEXAS 77001		
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas 🔀	Address (Give address to which appro	oved copy of this form is to be sent;		
		Box 300 7	ULSA OKLA 7410Z		
CITIES SERVICE O	Unit Sec. Twp. Rge.	Is gas actually connected? W	hen		
If well produces oil or liquids,	J 19 5 33	No			
give location of tanks.		110			
If this production is commingled w	with that from any other lease or pool	, give commingling order number:			
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
Designate Type of Complet		X			
		Total Depth	P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	8221	7551		
1- 14-72 Elevations (DF, RKB, RT, GR, etc.)	2-22-72	Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formulion		7644		
4416 R.D.B.	Cisco	7705	Depth Casing Shoe		
Perforations			8075		
7705-20			0015		
7.100	TUBING, CASING, A	ND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
17/2"	13 3/8 "	345	400 Sx		
11/2	8 5/8"	3452	800 Sx		
7 1/2 "	5 1/2"	8075	470 Sx		
	BOD ATTOWART /	after recovery of total volume of load o	il and must be equal to or exceed top allow		
V. TEST DATA AND REQUEST	FUR ALLUWABLE. (1 est must be able for this	depth or be for full 24 hours)			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
Date that New Off Man 10 1digs					
	Tubing Pressure	Casing Pressure	Choke Size		
Length of Test					
	Otl - Bbis.	Water-Bbls:	Gcs - MCF		
Latual Prod. During Test	· · · · · · · · · · · · · · · · · · ·	!	; •		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	Buta. Condensate/ Minor	70.5		
<b>7</b> 59	4 Hr.	1:/	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			
4 PT. BP.	2012	PKR	1/ARIOUS		
VI. CERTIFICATE OF COMPLIA		OIL CONSER	VATION COMMISSION		
VI. CERTIFICATE OF COMPLIA		a Ment	0.26.5. 3.		
	d completions of the Oil Conservation	on APPROVED	, 19		
I hereby certify that the rules at	nd regulations of the Oil Conservation d with and that the information gives	en l	1 Stertan		
above is true and complete to	the best of my knowledge and belie	ef. BY	and the same of th		
<del></del>	/ / / )	TITLESUTE	13. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	/ / / /,				
OHA-NMOCC-H		This form is to be filed	in compliance with RULE 1104.		
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044-	NMOCC-	#
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1-DIK 1-JEL

(Date)

1-SusP

1-RRY 1-OBP (Title)

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 sllow-able 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.

	DEVIATIO	<u>N</u> S	URVEYS			
	DEPTH		OFF	<del>-</del>	E. D. Communication	<b>.</b> .
-	345520 17126353777287652 1712635377287666 1716066 1716066 1716066	Seeming of the seemin	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	8157	-	**			
	8221	•	"			

The above are true to the best of my knowledge.

Administratife Assistant

Livorn to this date January 219 1976.

notary Public in + for andrews Co. July