

DISTRIBUTION		
SARFAEE		
FILE		
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 O-104
Supersedes Old O-101 and O-111
Effective 1-1-65

Operator Amoco Production Company	
Address P.O. Box 68 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	To add transporter of
Recompletion ☐	Condensate.
Change in Ownership ☐	1000 Lbl. testing allowable
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE			
Lease Name Anderson 3 Com	Well No. 1 Pool Name, including Formation Und. Anderson Ranch Morrow	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter R ; 1830 Feet From The South Line and 1980 Feet From The East			
Line of Section 3 Township 16-S Range 32-E , NMPM, Lea County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Amoco Production Company - Trucks	P.O. Box 1183 Houston, TX
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Natural Gas Pipeline of America	P.O. Box 236 Midland, TX
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
R 3 16 32 No	

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 Some Restv. Unit. Restv.
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Testing 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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 OCT 11 1979 19
O+4 - NMOC-D-1 - Hou 1 - Susp 1 - BD	Orig. Signed by Les Clements
1 - G. Ethridge	Oil & Gas Inst.
Ray Cox (BD)	
Administrative Supervisor	
October 8, 1979	

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, or if name of producer, or transporter, or other such change of conditions.