

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Company

Address P.O. Box 68, Hobbs NM 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<u>Has connection</u>
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State NC</u>	Well No. <u>1</u>	Pool Name, including Formation <u>N. Anderson Ranch Wolfcamp</u>	Kind of Lease <u>State</u>	Lease No. <u>B-11078</u>
Location				
Unit Letter <u>A</u>	: <u>1320</u>	Feet From The <u>North</u>	Line and <u>660</u>	Feet From The <u>East</u>
Line of Section <u>3</u>	Township <u>16-S</u>	Range <u>32-E</u>	, NMPLM, <u>Lea</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Amoco Production Company (Trucks)</u>	<u>P.O. Box 1183, Houston, Tx 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco, Inc</u>	<u>Box 460 Hobbs, NM 88240</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>3</u> Twp. <u>16-S</u> Rge. <u>32-E</u>	<u>Yes</u> <u>1-4-85</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Harry C. Clark
(Signature)
Asst. Admin. Analyst
(Title)
1-9-85
(Date)

0+5 NMOC, H 1-JRB 1-FJN 1-GCC 1-Gulf, Mid
1-Gulf, Hobbs 1-Mobil 1-Amoco (Trucks)
1-Conoco

OIL CONSERVATION DIVISION

APPROVED JAN 14 1985, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

RECEIVED

JAN 10 1985

**O.C.D.
HOBBS OFFICE**