NO. OF COPIES REC	EIVED	j	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11						
	FILE	AND Effective 1-1-65								
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL G			GAS						
	LAND OFFICE									
	TRANSPORTER OIL									
	GAS									
	OPERATOR									
I.	PRORATION OFFICE									
	Operator AMCO Provide	addan Ca								
	AMGU Prodi	uction Company								
P. O. Box 186, Loco Hills, New Mexico 88210										
		-								
	Reason(s) for filing (Check proper box) New Well Change in Transporter of									
	Recompletion	Change in Transporter of: Oil Dry G	Change of ormans	him offertive 17 7 70						
	Change in Ownership X	Casinghead Gas Conde		hip effective 11-1-70						
		Complete Gas [] Contact	mode							
	If change of ownership give name	Penroc Oil Composition	n P O Dravon 821 Mid	land Towns 20701						
	and address of previous owner	remoc off corporation	n, P. O. Drawer 831, Mid	land, Texas 79701						
11.	DESCRIPTION OF WELL AND	TEASE								
	Lease Name	Well No. Pool Name, Including F	Formation Kind of Leas	Federal Lease No.						
	Miller-Federal	l Lusk-Yates Lo	ea State, Feder							
	Location			20 0 4 300 3						
	Unit Letter E ;	1980 Feet From The North Lin	660	The West						
	Ont Letter	reet riom the 1102 VII Lin	ne and reet rom	The NCSO						
	Line of Section 19 T	ownship 19 South Range 32	2 East , NMPM, Le	a County						
			2000							
III.	DESIGNATION OF TRANSPOI	RTER OF OIL AND NATURAL GA	AS							
	Name of Authorized Transporter of O	il 📉 or Condensate 🗀	Address (Give address to which appro	oved copy of this form is to be sent)						
	The Permian Corpor	ration	P. O. Box 3119. Midla	nd. Texas 79701						
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas	P. O. Box 3119, Midla Address (Give address to which appro	eved copy of this form is to be sent)						
			ļ							
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	ien						
	give location of tanks.	E 19 19 32	No							
	If this production is commingled w	with that from any other lease or pool,	give commingling order number:							
	COMPLETION DATA									
	Designate Type of Complet	ion (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.						
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	Clause (DC DVD DC									
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
	Perforations		1	Doub Cooks Share						
	Periorditions			Depth Casing Shoe						
		TIDING CASING AND	D CENTURE DECORD							
	1101 E 617E		D CEMENTING RECORD	21242 274747						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
				· · · · · · · · · · · · · · · · · · ·						
•										
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (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)									
i	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size						
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF						
	·									
'			· I · · · · · · · · · · · · · · · · · ·							
	GAS WELL									
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
				<u> </u>						
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVA	ATION COMMISSION						
		102	1 - 111110	1971						
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19						
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. AMCO Production Company		TITLE SILS DESCRIPTION								
						By J.B. Udlimson		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
						by All	notice T D Addition	well, this form must be accompa	nied by a tabulation of the deviation	
					Owner Oper ato. B. Adamson			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 change of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RELEIVED

JAN 10 1971

OIL CONSERVATION COM 1. HODGS, N. M.