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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

W MEXICO OIL CONSERVATION COMMISSIC
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

(Buffalo Gas
Coll. Sys. 6A-42)

AMOCO PRODUCTION COMPANY	
Address P.O. Drawer A, Levelland, Texas 79336	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Eff. 8-1-76
Recompletion <input type="checkbox"/>	From: Gas Company of New Mexico
Change in Ownership <input type="checkbox"/>	To: Amoco Production Company
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name Nellis Federal	Well No. 1	Pool Name, including Formation Buffalo Penn Gas	Kind of Lease State, Federal or Fee Fed
Location			Lease No. NM 077002
Unit Letter 0	Feet From The 660	Line and South	Feet From The 1980 East
Line of Section 5	Township 19-S	Range 33-E	County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Amoco Production Company - Trucks	Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Amoco Production Company	P.O. Drawer A, Levelland, Texas 79336	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 5
	Twp. 19	Rge. 33
	Is gas actually connected? Yes	When 1-15-62

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	Same Res'v.	Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing 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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	
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.	
Ray W. Cox (Signature) Administrative Assistant (Title) 1-26-77 (Date) 084 NMOCC-H 1-Susp 1-Div 1-Conoco 1-RC	

OIL CONSERVATION COMMISSION	
APPROVED FEB 10 1977	
BY _____ Title Signed by Jerry S. _____ Date 1-26-77	
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.	