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

NEW MEXICO OIL CONSERVATION COMMISSION  
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

BAT #1

Operator AMOCO PRODUCTION COMPANY	
Address BOX 367, ANDREWS, TEXAS 79714	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: LEASE UNITIZED 1-1-75
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> FORMERLY: TURNER TR. 2 # 26
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name SOUTH HOBBS (GSA) UNIT	Well No. 7	Pool Name, including Formation HOBBS-GSA
Kind of Lease State, Federal or Fee FEE		
Location		
Unit Letter N	1980 Feet From The WEST Line and	660 Feet From The SOUTH
Line of Section 34	Township 18-S	Range 38-E
NMFN,		LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	SHELL PIPE LINE CO. MIDLAND TX		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or GPM Gas Corporation <input checked="" type="checkbox"/>	EFFECTIVE: February 1, 1972 PHILLIPS PETRO CO. BARILESVILLE OK		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10	Twp. 19
	Rge. 38	Is gas actually connected? YES	

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

IV. COMPLETION DATA		New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)	Oil Well	Gas Well					
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

V. 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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.	
OW-4. NMOC-C-H	
1-DIV	
1-JEK	
1-OBP	
1-Susp	
1-RRy	
ADMINISTRATIVE ASSISTANT	
JAN 6 1975	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19__	
BY _____	
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 multi-pool completed wells.	