

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

3A	TA FE		
3B	E		
	G.S.		
	D OFFICE		
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator
Llano, Inc.
Address
P. O. Box 1320, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Effective August 1, 1975
If change of ownership give name and address of previous owner Operator - Amoco Production Company, P. O. Box 68, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Plains Unit Federal	3Y	Lusk Strawn	State, Federal or Fee Federal	NM0175774
Location Unit Letter L ; 1980 Feet From The south Line and 760 Feet From The west Line of Section 28 Township 19South Range 32East , NMPM, Lea 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)					
Texas New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79701					
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)					
Phillips Petroleum Company	Phillips Building, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	28	19S	32E	yes	12-17-63

If this production is commingled with that from any other lease or pool, give commingling order number: PC-392

IV. 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			

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

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

I. 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.


(Signature)

Executive Vice President

(Title)

August 1, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 22 1975, 19

BY 
General

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.

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Supersedes Old C-104 and C-111
Effective 1-1-65

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

I. Operator Ameco Production Company

Address BOX 63, HOBBS, N. M. 88240

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Other (Please explain)

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Ownership ☒

Casinghead Gas ☐

Condensate ☐

EFFECTIVE 3-1-72

If change of ownership give name and address of previous owner

CLINTON OIL Co. 217 N. Water, University, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>PLAINS UNIT FID</u>	Well No. <u>3Y</u>	Pool Name, including Formation <u>LUSK- STRAWN</u>	Kind of Lease State, Federal or Private <u>FED</u>	Lease No. <u>035710</u>
Location <u>L 1980</u>	Feet From The <u>SOUTH</u>	Line and <u>760</u>	Feet From The <u>WEST</u>	
Line of Section <u>28</u>	Township <u>19-S</u>	Range <u>32-E</u>	NMPM, <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"/> <u>TEXAS-NEW MEXICO P.L. Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510 Midland Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIPS PETRO. Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Phillips Bldg. Dallas, Texas</u>
If well produces oil or liquids, give location of tanks. <u>E 28 19 32</u>	Is gas actually connected? When <u>Yes 12-17-63</u>

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

PC- 592

IV. COMPLETION DATA

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

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GAS WELL

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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.

(Signature)

AREA SUPERINTENDENT

(Title)

(Date)

2-22-72

OIL CONSERVATION COMMISSION

APPROVED FEB 28 1972, 19

BY Joe D. Ramey

TITLE Dist. I, Supv.

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