

DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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-11
Effective 1-1-65

Operator Amoco Production Company	
Address P. O. Box 68, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change In Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	To correct transporter from Permian to Amoco - Trucks
Change In Ownership ☐	

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

1. DESCRIPTION OF WELL AND LEASE

Lease Name State G	Well No. 5	Pool Name, including Formation Hobbs Blinbry	Kind of Lease State, Federal or Fee State	Lease No. A-1573
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West				
Line of Section 33 Township 18-S Range 38-E, NMPL, Lea County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) Amoco Production Company - Trucks P. O. Box 1183, Houston, TX					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Corp. 4001 Penbrook, Odessa, TX					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 33	Twp. 18	Rge. 38	Is gas actually connected? Yes	When 10-31-69

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

3. 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, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations 5856'-5961'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

4. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

5. 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.

0+4 NMOCD-H, 1-Hou, 1-Susp, 1-BD

Bob Davis
(Signature)

Assistant Administrative Analyst
(Title)

2-14-80
(Date)

OIL CONSERVATION COMMISSION

FEB 18 1980

APPROVED _____, 19____

Orig. Signed By

BY Jerry Sexton

Dist. L. Supv.

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 own well name or number, or transporter, or other such change of data.

RECEIVED

FEB 15 '80

OIL CONSERVATION DIV.