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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-1
Effective 1-1-55

Operator Amoco Production Company	
Address P. O. Box 68, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☒	Request allowable to produce
Change in Ownership ☐	
If change of ownership give name and address of previous owner	

I. DESCRIPTION OF WELL AND LEASE

Lease Name State "G"	Well No. 6	Pool Name, including Formation Hobbs Drinkard	Kind of Lease State, Federal or Free State	Lease No. A-1573
Location Unit Letter <u>F</u> ; 1980 Feet From The <u>North</u> Line and 1650 Feet From The <u>West</u> Line of Section <u>33</u> Township <u>18-S</u> Range <u>38-E</u> , N.M.P.M. Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Amoco Production Company (Trucks)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79761					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 33	Twp. 18-S	Rge. 38-E	Is gas actually connected? Yes	When 12-7-83

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date XXXX OC 7-26-83	Date Compl. Ready to Prod. 12-7-83	Total Depth 7041'	F.B.T.D. 7002'					
Elevations (SE, RKB, RT, CR, etc.) 3660' RDB	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6602'	Tubing Depth 6950'					
Penetrations 6820'-22', 24'-34', 50'-60', 70'-78', 90'-94', 98'-6900', 06'-10'		Depth Casing Shoe 7041'						
18'-32', 6602'-08', 12'-16', 20'-24', 26'-28', 36'-40', 50'-70', 84'-6700'								
18'-20', 24'-26', 30'-32', 40'-70'								
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT								
17-1/2"		11-3/4"		420'		340 Incor, 200 Incor Nea		
11"		8-5/8"		3752'		150 Incor, 220 Incor Nea		
7-7/8"		5-1/2"		6009'		400 sacks		
4-3/4"		4", 2-3/8"		7041', 6950'		75 sacks Class C		

IV. 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 8-28-83	Date of Test 12-7-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 5 BO, 4 BW, 10 MCFD	Oil-Bbls. 5	Water-Bbls. 4	Gas-MCF 10

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Cathy L. Torman
(Signature)

Assistant Administrative Analyst

(Title)
12-15-83

(Date)

0+5 - NMOCD, H 1 - R. E. Ogden, Hou
1 - CLF 1 - F. J. Nash

OIL CONSERVATION COMMISSION

APPROVED DEC 30 1983, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 deviated 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 multiple completed wells.

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