

DISTRIBUTION	
CARTAGE	
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 O-104
Supersedes Old O-101 and O-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 ☐	To correct transporter from Permian to Amoco - Trucks
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

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

DESCRIPTION OF WELL AND LEASE			
Lease Name State G	Well No. 6	Pool Name, including Formation Hobbs Blinebry	Kind of Lease State, Federal or Fee State
Lease No. A-1573			
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u>			
Line of Section <u>33</u> Township <u>18-S</u> Range <u>38-E</u> , NMPL, <u>1</u> ea County			

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? When Yes 11-18-69

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.D.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				Taking Depth		
Perforations 5930'-5962'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>FEB 18 1980</u> , 19__	
0+4 NMOC-D-H, 1-Hou, 1-Susp, 1-BD		Orig. Signed by Terry Sexton Dist. L. Supv.	
Bob Davis (Signature)		TITLE _____	
Assistant Administrative Analyst (Title)		This form is to be filed in compliance with RULE 1104.	
2-14-80 (Date)		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the production tests taken on the well in accordance with RULE 111.	
		All sections of this form must be filled out completely to be allowable on file and to comply with RULE 111.	
		Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.	

OIL CONSERVATION DIV.

FEB 15 '80

RECEIVED