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Appropriate District Office
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Amoco Production Company	Well API No. 30-025-26368
Address P. O. Box 3092, Houston, TX 77253	
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☒ Dry Gas ☐ Correct Oil Transporter Change in Operator ☐ Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State /HF/ Com	Well No. 1	Pool Name, including Formation Hobbs Drinkard	Kind of Lease State, Federal or Fee	Lease No. B-2656
Location Unit Letter P : 610 Feet From The South Line and 610 Feet From The East Line Section 33 Township 18-S Range 38-E, NMPL, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Amoco Pipeline Intercor,orate Trucking Div.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 202068, Tulsa, OK 74170-2068					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum 66 Natl gas GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 East 10th, Tulsa, OK 74119-9761					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 9	Twp. 19	Rge. 38	Is gas actually connected? Yes	When?

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

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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Matthew C. Wines Administrative Analyst
Printed Name
10/1/90
Date
713/556-3744
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 08 1990

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

RECEIVED

OCT 05 1990

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