Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Arienia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		OTRA	NSPC	OTRC	IL AND NA	ATURAL G					
Amoco Production Com	pany							Weil API No.			
Address	-mpariy						30	- 025-26375			
	uston, TX	772.	53								
Reason(s) for Filing (Check proper box)		_			X O	her (Please exp	lain)				
New Well	Oil	Change in	Transpor Dry Gas			<u>.</u>		_			
Change is Operator	Casinghead		Condens			Correc	et Oil '	Transpor	ter		
If change of operator give name											
and address of previous operator											
IL DESCRIPTION OF WELL											
The state of the s								ind of Lease ste, Federal of Fee		Lease No.	
Location	110000							· recessi or (re			
Unit LetterE	_ :19	90	Feet Fro	m The _	North Li	na and	511		West		
Sumina 2/	. 10			_			<u> </u>	eet From The	West	Lin	
Section 34 Townsh	<u> 18-</u>	<u>S</u>	Range	38-	-E , N	МРМ,	Lea			County	
II. DESIGNATION OF TRAI	NSPORTER	OF OI	L AND	NATI	TRAL GAS						
Name of Authorized Transporter of Oil		or Condens			Address (Gi	ve address to wi	tich approve	d copy of this	form is so he a		
Amoco Pipeline Interd	orporate				P. O. I	3ox 20206	8. Tuls	a. OK 7	4170-20	69	
Name of Authorized Transporter of Casis Phillips Petroleum (a)	- ,		or Dry G		Address (Gi	A. address to wi	Orugry	copy of this	form is to be s	()	
f well produces oil or liquids,	Unit S	991711	Twp.	Corpor Rge.	Aticanio I	enbrook.	Odessa When	* 4XY279	761		
we location of tanks.	D	10	19 İ	38	Yes	•	Wines	1 /			
this production is commingled with that V. COMPLETION DATA	from any other	lease or po	ool, give	comming	ling order sum	ber:					
V. COMPLETION DATA		Oil Well		- 187 . 10	1						
Designate Type of Completion	- (X)	OII WELL	Cas	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded	Date Compt.	Ready to F	rod.		Total Depth	L	<u> </u>	P.B.T.D.	<u> </u>		
COMPANY (DE DES DE CE)	No. of D	!									
evations (DF, RKB, RT, GR, etc.)	Name of Prod	of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
erformitons	<u> </u>							Depth Casing Shoe			
								Depth Casin	g Shoe		
	TUBING, CASING AND										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								<u> </u>			
TECT DATA AND DECLIES	TEODAL	. OW.							·	-	
TEST DATA AND REQUES IL WELL Test must be after re											
IL WELL Test must be after re the First New Oil Rua To Tank	Date of Test	votame of	tota ou i	ina musi	Producing Me	exceed top allow thou (Flow, pure	vable for this	depth or be for	or full 24 hou	73.)	
						and (ribin, par	·φ, gas iyi, ε	ic.)			
ngth of Test	Tubing Pressure				Casing Pressu	re .		Choke Size			
tual Prod. During Test	Oil - Bbla.				Water - Bbls						
					Maret - DOIL			Gas- MCF			
AS WELL					· · · · · · · · · · · · · · · · · · ·	·			<u></u>		
tual Prod. Test - MCF/D	Longin of Test			- -	Bbls. Condens	ab/MMCF		Gravity of Co	nden me		
	Tubing Pressure (Shut-in)										
ting Method (pilot, back pr.)					Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFICA	ATE OF C	O) (D)	I A NICT	-							
I hereby certify that the rules and regular						IL CON	SERV	TION F		N	
Division have been comptled with and the	hat the informati	ioe gives s	pove		_						
is true and complete to the best of my knowledge and belief.				Date	Approved		OCT 08 1990				
Celthalu)							· · · · · · · · · · · · · · · · · · ·	<u> </u>		-	
Signature					Ву	ORI	DINAL SIC	Algri a			
Matthew Q. Wines	Administ			<u>lys</u> t			DISTRIC	NED BY JE STISUPER	WINGS	ON	
10/1/90	713	Tii 256-3/			Title_				A12OK		
Dete		Telepho		-	!					1 ···· (Mileson)	

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.
- 3) Fill out only Sections I, II, III. and VI for changes of operator, well name or number, transporter, or other such changes.