

SANTA FE	
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 OMC-101 and C-1
Effective 1-1-65

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 ☐	
Change In Ownership ☐	Other (Please explain) To change name from Turner Tract 2 Well #30 to Turner Tract 1 Well #31

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

DESCRIPTION OF WELL AND LEASE

Lease Name Turner Tract 1	Well No. 31	Pool Name, including Formation Hobbs Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>511</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> , NMDM, <u>Lea</u> County					

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					
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					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10	Twp. 19	Rge. 38	Is gas actually connected? Yes	When 2-15-80

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.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				

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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

O+4-NMOCd, H
1-Hou

1-Susp
1-BB

Bob Davis
(Signature)

Admin. Analyst
(Title)

4-23-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED APD, 19____
BY Jerry Sexton
TITLE Dist. 1, Supv.

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 portions 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.