

DEPARTMENT	
SANCTUARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

U.S. MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-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 ☐	Change in Transporter oil ☐
Recompletion ☒	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
To show connection date on gas.	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		R-6255 Airstrip Lower Bone Springs	
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
State FU	2	Und. Airstrip Bone Springs	State, Federal or Fee State
Location			Lease No. L-3556
Unit Letter N	960	Feet From The South	Line and 1980
Line of Section 25	Township 18-S	Range 34-E	NMPM, Lea 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)	
Warren Petroleum Company		P. O. Box 1589, Tulsa, OK	
If well produces oil or liquids, give location of tanks.	Dalt K	Sec. 25	Top. 18 Pgs. 34
		Is gas actually connected?	When
		Yes	9-21-79

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 Restv. ☐ Inf. Restv.
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost 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 NMOC-D-H, 1-Hou, 1-Susp, 1-BD	
Bob Davis (Signature)	
Assistant Administrative Analyst	
1-15-80 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED 1980	
BY John Runyan Geologist	
TITLE Geologist	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowance 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 110.	
All portions of this form must be filled out completely for allowance in new and recompleted wells.	
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.	