

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SALES		REQUEST FOR ALLOWABLE		Supersedes OIL C-101 and C-111	
FILE		AND		Effective 1-1-65	
U.S. O.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRODUCTION OFFICE					
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 of:		Request testing allowable of 1500 bbl.	
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.	
State FU	2	Und. Bone Springs	State, Federal or Free State	L-3556	
Location					
Unit Letter	N	960	South	1980	West
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)				
The Permian Corporation	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)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	N	25	18	34	No
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
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing 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 OIL WELL (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	Testing 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.)	Testing 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.			OIL CONSERVATION COMMISSION		
0+4-NMOCD, H 1-Hou 1-Susp 1-BD 1-Southland			APPROVED _____, 19__		
Royalty 1-Pacific L&G 1-Mesa 1-David Sorenson			BY _____		
1-G. Ethridge			Geologist		
(Signature)			TITLE _____		
Administrative Supervisor			This form is to be filed in compliance with RULE 1104.		
(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 available tests taken on the well in accordance with RULE 111.		
9-7-79			All sections of this form must be filled out completely for allowable on next calendar month.		
(Date)			Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.		