

DISTRIBUTION
 STATE
 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 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)
 New Well ☒ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
 Other (Please explain)
 Request additional 2000 bbl testing allowable

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE
 Lease Name State HQ Well No. 1 Pool Name, Including Identification Und. Airstrip Bone Springs Kind of Lease State State, Federal or Fee E-2 Lease No. 520
 Location
 Unit Letter P ; 960 Feet From The South Line and 330 Feet From The East
 Line of Section 26 Township 18-S Range 34-E NMPM Lea County

II. 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 ☐
 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

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

III. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Pres'v. Well Pres'v.
 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 Tubing Depth
 Perforations 9288' - 9337' Depth Casing Shoe
 TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

IV. TEST DATA AND REQUEST FOR ALLOWABLE (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/ASOCF Gravity of Condensate
 Testing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

V. 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-BD
 Asst. Admin. Analyst
 3-11-80
 OIL CONSERVATION COMMISSION
 APPROVED BY John W. Runyon Geologist
 TITLE
 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 production tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and deepened 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 conditions.