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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OCS C-104 and C-104
Effective 1-1-85

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:		Other (Please explain)	
Recompletion	☒	Oil	☐	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

Request 2000 bbl testing allowable for Bone Springs

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	State "IA"	Well No., Pool Name, including formation	1 Airstrip Upper Bone Springs	Kind of Lease	State, Federal or Free State	Lease No.	L-4883
Location	Unit Letter D : 660 Feet From The North Line and 660 Feet From The West						
Line of Section	36	Township	18-S	Range	34-E	N.M.P.M.	Lea County

II. 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 77001				
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 D : Sec. 36 : Twp. 18-S : Rge. 34-E	Is gas actually connected?	No	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 Resrv.	Diff. Resrv.
Date Spudded	Date Comp. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (OF, R.R.D., 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					

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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/MMCF	Gravity of Condensate
Testing Method (pilot, suck 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.

Cathy L. Forman
Asst. Admin. Analyst
(Title)

12-28-83

0+5-NMOCD, H 1-R.E.Ogden, Hou 1-CLF
1-F.J.Nash, Hou 1-MESA

OIL CONSERVATION COMMISSION

APPROVED **DEC 28 1983**, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1194.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 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.

Separate Forms C-104 must be filed for each pool in multiple completion wells.

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DEC 28 1983

O.C.D.
HOBBS OFFICE