NO. OF COPIES HEC.	E.AES	_									
DISTRIBUTE	:	1									
SANTA FE	:	-									
FILE		i	:								
U.S.G.S.		i	i								
LAND OFFICE											
IRANSPORTER	OIL										
TRANSFORTER	GA5		Ī								
OPERATOR											
PRORATION OF		i									
Operator											
Amoco Production Cor Address P. O. Box 68, Hobbs											
							Reason(s) for filing	(Chech	огор	er bo	x )
							New Well				
Recompletion											
Change in Ownership											

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

			REGUESI	FUR ALL	CWASLE				104 and C-1.
	FILE			AND				ve (-)+65	
	LAND OFFICE	AUTHORE	ZATION TO TRA	NSPORT	OIL AND N	ATURAL G	AS		
	OIL								
	TRANSPORTER GAS								
	OPERATOR								
1.	PRORATION OFFICE								
	Cperator  Amaga Draduction Comm	2201							
	Amoco Production Comp	Jany				<del></del>			
	P. O. Box 68, Hobbs,	NM 88240							
	Reason(s) for filing (Check proper box)			10	Other (Please	explain)			
	New Wetl	Change in Tro	nsporter of:		∆ddi+i	on of Gas	Transpor	tor	
	Recompletion	Cil	Dry Ga	3		w pressur		CCI	
	Change in Ownership	Castnahead G	Conden	sate					
	If change of ownership give name								
	and address of previous owner								
11.	DESCRIPTION OF WELL AND I	LEASE							
	Lease Name	1	ol Name, including Fo			Kini of Ladse			Lease No.
	Dunn Federal Com	2	Und. Buffalo	Penn Mo	rrow	State, Federal	or Fee Feder	<u>al NM 0</u>	60549
	Location			4-					
	Unit Letter F ; 1/80	Feet From T	he <u>North</u> Lin	e and2]	80	_ Feet From T	he W	est	
	Line of Section 9 Tow	mship 19-S	Range 33-	-E	, NMFM,	Le	ea.		County
					,			<del></del>	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AN	ID MATURAL GA	<u>s</u>		<del></del>			
	Name of Authorized Transporter of Cil		nsate 🗀				ed copy of this	form is to o	e sent)
	Amoco Production Comp	pany (Truck	(s)				on, Texas	formers to b	0 :49()
	Conoco, Inc.	ingliede Odo [	or Dry Gas [A	b	1320; Bro Box 460	admoorrb Hobbs N	rdg?°H6666 M 88240	"New" M	le XTC0
		Unit Sec.	Twp. Rge.		aily connected			<del></del>	
	If well produces oil or liquids, give location of tanks.	F ! 9	19 33	l Yes	- Yes	i	5-12-8	2 5	5-12-82
	If this production is commingled with	h that from any o	ther lease or pool,			number:			10 00.
IV.	COMPLETION DATA					<del></del>			
	Designate Type of Completio	n = (X)	/eii Gas Weil	New Well	Workover	Deepen	Plug Book 'S	ame nesty,	' Dill. Hesty. I
	Date Spudged	Date Compl. Read	y to Prog.	Total Dept	h	<del></del>	F.B.T.D.	<del></del>	<u> </u>
			, , , , , , , , , , , , , , , , , , , ,						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Froducin	g Formation	Top Oil/G	as Pay		Tubing Depth		
								<u> </u>	···
	Perforations Depth Casing Shoe								
		TUS	ING. CASING, AND	CEMENT	ING RECORD	· · · · · · · · · · · · · · · · · · ·	1		
	HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		17	
				<u> </u>			<u> </u>		
		<u> </u>		<del> </del>			ļ		
٠.	TELEFICIAL IND DECYLEGE FO	29 41 7 022 5 227	<u> </u>	<u> </u>					1
Υ.	TEST DATA AND REQUEST FOOL WELL	IS ALLUMABL	(Test must be a able for this de				ina musi de equa	it to or exce	sed tob uttor
	Date First New Cil Run To Tanks	Date of Test		Producing	Method (Flow,	pump, gas lif	t, etc.)		
							· · · · · · · · · · · · · · · · · · ·		
	Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
	Actual Press, During Test	st   Cil-Bble.		Water - Bbls.		Gas-MCF			
	1	·		<del></del>			<del> </del>		
	GAS WELL		· · · · · · · · · · · · · · · · · · ·		·	<del></del>	<del>,</del>		
	Actual Fred. Test-MCF/D	Length of Test		Bbls. Con	iensate/MNiCF		Gravity of Con	elpaneb.	
	Teating Method (pitot, back pr.)	Tubing Pressure (	Sour-in 1	Casina Pr	essure (Shut-	in)	Choke Size		
۷I.	CERTIFICATE OF COMPLIANCE	Œ		ii	OIL-C	CNSERVA	DO COMM	IISSION	
			OIL CONSERVATION COMMISSION						
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED ORIGINAL SIGNED BY . 19 , 19 , 19						
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								
			DISTRICT 1 SUPR.						
				TITLE This form is to be filed in compliance with RULE 1104.					
Assistant Admin. Analyst									
				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.						
	(Title)			All sections of this form must be filled out completely for allowable on new and recompleted wells.					
	6-28-82				1 out only S	ections I, II	. III, and VI f	or change	of owner.
	(Da	:e)		• 1			er, or other suc be filed for		
					ed wells.		J 101	poor	

RECEIVED

JJN 40 19**82** 

LUBLE UPFICE