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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 Old C-104 and C-110  
Effective 1-1-65

Operator <b>AMOCO PRODUCTION COMPANY</b>	
Address <b>P.O. DRAWER A, LEVELLAND, TEXAS 79336</b>	
Reason(s) for filing (Check proper box)	Other (Please explain) <b>Eff. 8-1-76</b>
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
<b>FROM: SOUTHERN UNION</b>	
<b>TO: GAS COMPANY OF NEW MEXICO</b>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		<b>Buffalo Penn R-6449</b>	
Lease Name <b>WEST TONTO DEEP UNIT FED.</b>	Well No. <b>1</b>	Pool Name, including Formation <b>WEST TONTO PENN</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>
Location			
Unit Letter <b>E</b>	<b>1980</b> Feet From The <b>NORTH</b> Line and <b>690</b> Feet From The <b>WEST</b>		
Line of Section <b>18</b>	Township <b>19-S</b>	Range <b>33-E</b>	County <b>LEA</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<b>TEXAS NEW MEXICO PIPELINE</b>	<b>Box 1510 - MIDLAND, TEXAS</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<b>GAS COMPANY OF NEW MEXICO</b>	<b>FIRST INTERNATIONAL BLDG.</b>		
	<b>SUITE 1800 DALLAS, TEX, 75270</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>18</b>	Twp. <b>19</b> Rge. <b>33</b>
	Is gas actually connected? <b>YES</b>		When <b>8-4-61</b>

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

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Restv.
			Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, 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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(Test must be after recovery of total volume of load 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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
		BY _____	
		TITLE _____	
014-NMOC-H 1-JMG 1-ARR 1-SUSP 1-RC		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 deviation 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. No separate Form C-104 must be filed for each pool in multiply completed wells.	
Ray W. Cox (Signature) Administrative Assistant (Title) 11-23-76 (Date)			