	NO OF CORPS PECETIVED					
	DISTRIBUTION					
	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	IRANSPORTER	OIL				
		GAS				
	OPERATOR					
	PRORATION OFFICE					
	Amoco Production Co					
	BOX 68, HOBBS, N. M. 88240					
	Reason(s) for filing (Check proper box.					
	New Well					
-	Recompletion					
١	Change in Ownership					

(Date)

	DISTRIBUTION SANTA FE REQUEST FOR ALLO AND		T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65			
1	U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PRORATION OFFICE Operator	AUTHORIZATION TO TR	RANSPORT QIL AND NATURAL	GAS			
	Amoco Production Company						
	BOX 68, HOBBS, N. M. 88240						
	Reason(s) for filing (Check proper be New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry C	Other (Please explain) Primerly, Sor	ungtou San Anares 52			
	If change of ownership give name and address of previous owner	SKELLY OL Co.	TULSA OKIAHO				
11	. DESCRIPTION OF WELL AND	LEASE	N				
(State Finact 17 Location	Well No. Pool Name, Including to Applications		Letts (15)			
	Unit Letter; 66	Feet From The SOUTH Li	ne and Feet From	The EAST			
	Line of Section To	ownship //- Range	36-E, NMPM, LE	County			
III.	Name of Authorized Transporter of O	RTER OF OIL AND NATURAL G	AS Address (Give address to which appro	oved copy of this form is to be sent)			
	Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address to which appro	ved 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? Wh	en			
IV.	If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:				
	Designate Type of Completi	ion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	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		1	Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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	Constant Processing				
	Actual Prod. During Test	Oil-Bble.	Casing Pressure Water-Bbls.	Choke Size Gas-MCF			
	,	1					
	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			
	CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION NOV 27 1972				
	Commission have been complied v	ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		BY Orig. Signed by John Rimyan			
	B. N/mocc-H I-DIV		TITLE Geologist This form is to be filed in compliance with RULE 110. 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 sllowable on new and recompleted wells.				
	-SUS P (SIZINGLE) SUPERINTENDENT						
-	(Title)						

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 multiply completed wells.

MICENTED

t. CT 1978

AL CONSERVATION COMM.