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

DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OPERATOR
PRORATION OFFICE

Operator: Amoco Production Company

Address: BOX 68, HOBBS, N. M. 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☒ Condensate ☐

Other (Please explain): EFFECTIVE 10-1-71

FORMERLY: SKELLY OIL CO

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

Lease Name: STATE E Well No.: 18 Pool Name, Including Formation: LOVINGTON ABO Kind of Lease: State, Federal or Fee: STATE Lease No.: B-1553

Unit Letter: J 1650 Feet From The: NORTH Line and 990 Feet From The: WEST

Section: 1 Township: 17-S Range: 36-E NMPM, LEA County

DESIGNATION OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐: TEXAS-NEW MEXICO PLC Co

Address (Give address to which approved copy of this form is to be sent): Box 1510, MIDLAND TEXAS

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐: PHILLIPS PETRO CO

Address (Give address to which approved copy of this form is to be sent): BARTLESVILLE OKLA

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
C	1	17	36	YES	

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

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

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)

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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 is true and complete to the best of my knowledge and belief.

(Signature) AREA SUPERINTENDENT

(Title)

OCT 14 1971

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 19 1971, 19 _____

BY _____

Joe D. Ramey
Dist. I, Supv.

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 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.

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