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

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

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

I.

Operator Amoco Production Company	
Address P. O. Box 68, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐
Change in Ownership ☐	Casinghead Gas ☐
	Dry Gas ☐
	Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State IV	Well No. <i>3765 Acres</i> 1	Kind of Lease State	Lease No. L-6939
Location Unit Letter <i>L</i> ; <i>2310</i> Feet From The <i>South</i> Line and <i>660</i> Feet From The <i>West</i>			
Line of Section <i>31</i> Township <i>17-S</i> Range <i>36-E</i> , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas					
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 <i>L</i>	Sec. <i>31</i>	Twp. <i>17-S</i>	Rge. <i>36-E</i>	Is gas actually connected? <i>NO</i>	When

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 <i>1-30-82</i>	Date Compl. Ready to Prod. <i>8-31-82</i>		Total Depth <i>12275</i>		P.E.T.D. <i>7365</i>			
Elevations (DF, RKB, RT, GR, etc.) <i>3882.9 GL</i>	Name of Producing Formation <i>San Andres</i>		Top Oil/Gas Pay <i>5152</i>		Tacing Depth <i>5232</i>			
Perforations <i>5152'-64'</i>		<i>4 JSPF</i>		<i>See Correction</i>		Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>17-1/2</i>	<i>13-3/8</i>		<i>400</i>		<i>450</i>			
<i>12-1/4</i>	<i>9-5/8</i>		<i>4490</i>		<i>3550</i>			
<i>8-1/2</i>	<i>5-1/2</i>		<i>12275</i>		<i>1500</i>			
	<i>2-3/8</i>		<i>5232</i>					

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 <i>8-13-82</i>	Date of Test <i>8-30-82</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pumping</i>	
Length of Test <i>24 hours</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <i>78</i>	Oil-Bbls. <i>24</i>	Water-Bbls. <i>54</i>	Gas-MCF <i>2</i>

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

VI. 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.

Assist. Admin. Analyst

9-1-82

OIL CONSERVATION COMMISSION

APPROVED *SEP 2 1982*, 19

BY *ORIGINAL SIGNED BY*

TITLE *PERMIAN CORP.*

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 deviate 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 multiphase completed wells.