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| LAND OFFICE            |  |
| TRANSPORTER            | <input type="checkbox"/> OIL<br><input type="checkbox"/> 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-  
Effective 1-1-85

I. Operator  
Amoco Production Company  
Address  
P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Request 1500 Bbl. testing Allowable

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |               |
|--|---------------|---|--|---------------|
| Lease Name<br>Elkan  | Well No.<br>1 | Pool Name, Including Formation<br>Und. Bone Springs | Kind of Lease<br>State, Federal or Fee | Fee<br>571599 |
| Location<br>Unit Letter <u>K</u> , <u>1980</u> Feet From The <u>South</u> Line and <u>2180</u> Feet From The <u>West</u><br>Line of Section <u>9</u> Township <u>19-S</u> Range <u>35-E</u> , N.M.P.M., Lea County |               |   |  |               |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |
|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Amoco Production Company (Trucks) | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1183, Houston, Texas                |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>   | Address (Give address to which approved copy of this form is to be sent)  |
| If well produces oil or liquids,<br>give location of tanks.   | Unit <u>K</u> Sec. <u>9</u> Twp. <u>19-S</u> Rge. <u>35-E</u><br>Is gas actually connected? <input type="checkbox"/> 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 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      |           |            |             |
|                                      |                             |          |                 |          |                   |           |            |             |
|                                      |                             |          |                 |          |                   |           |            |             |
|                                      |                             |          |                 |          |                   |           |            |             |

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 oil able 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 (pilot, back 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.

Mark Randolph  
(Signature)

Admin. Analyst  
(Title)

5-17-82  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 17 1982, 19

Orig. Signed by

BY Les Clements

Oil & Gas Insp.

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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.