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U.S.G.S.	
LAND OFFICE	
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-1
Effective 1-1-65

Operator	Amoco Production Company		
Address	P. O. Box 68, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well ☒	Change in Transporter of:		Request 1000 bbl testing allowable for Wolfcamp
Recompletion ☐	Oil ☐	Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐	

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

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Peoples Securities Company	2	Und. Scharb Wolfcamp	State, Federal or Fee	Fee
Location				
Unit Letter	N	660	Feet From The	South
			Line and	1980
			Feet From The	West
Line of Section	3	Township	19-S	Range
			35-E	NMPM, Lea
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒	or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)	
Koch Oil Company			P. O. Box 1558, Breckenridge, TX	
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	Sec.	Twp.	Rge.
	N	3	19-S	35-E
				No

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 Res'v.
				Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (D.F., R.K.D., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perturbations			Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 (pilot, sack pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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 NOV 1 1983, 19	
BY Cathy L. Ferman (Signature)		BY ORIGINAL SIGNED BY JERRY SEXTON	
Assist. Admin. Analyst (Title)		TITLE DISTRICT I SUPERVISOR	
11-1-83 (Date)		This form is to be filed in compliance with RULE 1104.	
0+5-NMOCD, H 1-R. E. Ogden, HOU		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.	
1-F. J. Nash, HOU 1-CLF		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 completed wells.	