STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

1-J. R. Barnett, HOU 21.156 1-F. J. Nash, HOU 4.206 1-BFC

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DISTRIBUTION			7
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FILE		+	
U.B.Q.S.		 	
LAND OFFICE		1	+-
TRAHSPORTER	OIL	1	1
	GAS	1	
OPERATOR	1	 	
PROTINTUDH OFF		_	

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRAN	AND
Operator	SPORT OIL AND NATURAL GAS
AMOCO PRODUCTION COMPANY	
Adures	
P. O. Box 68, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
X New Well Change in Transporter of:	
	Request spot sale of 105 bbls of Wolfcamp oil
Cosinghed Gas	Condensate
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Well No. Pool Name, Including	
Peoples Security Company 3 Und. Scharb	
Location	100
Unit Letter B : 660 Feet From The North Li	ne and 1980 Feet From The East
Line of Section 10 Township 19-SS Range	35-E , NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	
Name of Authorized Transporter of CII Or Condensate	Andress (Give address to which approved copy of this form is to be sent)
Koch Oil Company	
Name of Authorized Transporter of Casinghead Gas or Dry Gas	P. O. Box 1558, Breckenridge, TX Address (Give address to which approved copy of this form is to be sent)
	continue to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rge.	Is yas octually connected? When
B 10 19-S 35-E	No
If this production is commingled with that from any other lesse or pool,	give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
hereby certify that the rules and regulations of the Oil Conservation Division have	
seen complied with and that the information given is true and complete to the best of	APPROVED
ny knowledge and belief.	EY 050 ACC STATE OF THE STATE O
\mathcal{A} . $\Omega\Omega$	TITLE - 1986VISCR
Donota Coble	This form is to be filed in compliance with RULE 1104.
(Signature)	i II Ibit is a recommand for all amounts of
Administrative Analyst	thute taken on the well in eccordance with null it.
7-27-84	All sections of this form must be filled out completely for allowable on new and recompleted wells.
O+5-NMOCD,H	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.
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Separate Forms C-104 must be filed for each pool in multiply completed wells.

Ucaignata Tuna at C		Oil Well	Ges hell					
Designate Type of Comple	tion = (X)	1	Gga Fell	New Well	Workover	Doepen	Plug Back	
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		I. Recay to P	. bot	Total Depth	,	-i	-	<u>.</u>
lovations (DF, RKB, RT, GR, etc.				1			P.B.T.D.	· · · · · · · · · · · · · · · · · · ·
AND, RI, GR, etc.	J Name of Pri	oducing Form	otion	170-0110			-	
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oriorations								•••
							David C	
							Depth Casin	g Shoe
HOLE SIZE		TUBING, C	ASIRG, ARE	CEMENTIL	C DECORE		1	
HOUR SIZE	CASIN	TUBING, CASING, AND CASING & TUBING SIZE						
				DEPTH SET			SA	CKS CEMENT
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