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| 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-110  
Effective 1-1-65

BAT # 2

|   |                          |
|---|--------------------------|
| Operator<br>AMOCO PRODUCTION COMPANY  |                          |
| Address<br>BOX 367, ANDREWS, TEXAS 79714  |                          |
| Reason(s) for filing (Check proper box)   | Other (Please explain)   |
| New Well <input type="checkbox"/>   | LEASE UNITIZED 1-1-75    |
| Recompletion <input type="checkbox"/>   | FORMERLY: STATE "A" # 19 |
| Change in Ownership <input type="checkbox"/>  |                          |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                          |

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

|  |                |   |  |                     |
|--|----------------|---|--|---------------------|
| Lease Name<br>SOUTH HOBBS (GSA) UNIT   | Well No.<br>51 | Pool Name, Including Formation<br>HOBBS-GSA | Kind of Lease<br>State, Federal or Fee STATE | Lease No.<br>A-1212 |
| Location<br>Unit Letter N : 990 Feet From The South Line and 2310 Feet From The WEST |                |   |  |                     |
| Line of Section 5 Township 19-S Range 38-E, NMPM, LEA County                         |                |   |  |                     |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| SHELL PIPE LINE CO   | MIDLAND TX   |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| PHILLIPS PETRO CO  | BARTLESVILLE OK  |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|  | B 9 19 38 YES  |

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 Res'tv. | Diff. Res'tv. |
| 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 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 (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.

014. NMOC-C-H  
1-DIV  
1-JEL  
1-OBP  
1-Susp  
1-RRy

*Roy K. Yorkum*  
(Signature)  
ADMINISTRATIVE ASSISTANT  
(Title)  
JAN 6 1975  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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 well name or number, or transporter or other such change of operation.  
Separate Forms C-104 must be filed for each pool in newly completed wells.