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ſ	NO. OF COPIES RECEIVED			
ı	DISTRIBUTION			
	SANTA FE			
	FILE			
	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL		L
		GAS		
	OPERATOR			
•	PRORATION OFFICE		<u>L</u>	<u> </u>

DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS			
AMOCO PRODUC	AMOCO PRODUCTION COMPANY dress P.O. DRAWER A. LEVELLAND, TEXAS, 79336					
Reason(s) for filing (Check proper New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	ate to Amoco Pr				
and address of previous owner II. DESCRIPTION OF WELL A Lease Name ATLANTIC BRADLE Location Unit Letter	ND LEASE Well No. Pool Name, Including For HOBBS GRAYBUR 650 Feet From The NORTH Line	rmation Kind of Lease G SAN ANDRES State, Federa	e Lease No. al cr Fee STATE A./646			
Name of Authorized Transporter ATLANTIC PIPEL Name of Authorized Transporter PHILLPS PETROLEUM	INE Co. of Casinghead Gas ⊠ or Dry Gas □	S Address (Give address to which appro Box 1190 - MIDLA Address (Give address to which appro BARTLESVILLE Is gas actually connected?	NND, TEXAS oved copy of this form is to be sent) KLA HDMA nen			
If well produces oil or liquids, give location of tanks. If this production is commingle. If COMPLETION DATA	G 6 19 38 ed with that from any other lease or pool,		MARCH, M57			
Designate Type of Com	Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D. Tubing Depth			
Elevations (DF, RKB, RT, GR, Perforations	Name of Producing Formation	Top Oil/Gas Pay	Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V. TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be a	after recovery of total volume of load or epth or be for full 24 hours)	il and must be equal to or exceed top allou			
OII. WELL Date First New Oil Run To Tan		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			
. 1						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Testing Method (pitot, back pr.	.) Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI. CERTIFICATE OF COMP		APPROVED	VATION COMMISSION			
	es and regulations of the Oil Conservation plied with and that the information given to the beat of my knowledge and belief.	BY Consider the State of the St				
	Ray W. Cox	mus form is to be filed	in compliance with RULE 1104. lowable for a newly drilled or despendence by a tabulation of the deviation			

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. Administrative Assistant (Title) 44-MMOCC-H 12-30-76 (Date) 1- Div. 1- Susp.

. c∞Q

Fill cal only Sections I, II, III, and VI for changes of owner, well-baile or number, transporter or other such change of condition.

JAM GRAN