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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			_

NEW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	LAND OFFICE	AUTHORIZATION TO TR	ANSFORT OIL AND NATURAL	GAS			
	I RANSPORTER GAS OPERATOR						
Ĩ.	PRORATION OFFICE Operator						
	AMOCO PRODUCTION	CO PRODUCTION COMPANY					
	P.O. DRAWER A, LEVELLAND, TEXAS. 79306						
	Reason(s) for filing (Check proper ba	Change in Transporter of:	vership from W. K. Brrom				
	Recompletion Change in Ownership	Otl Dry Gas		i			
	If change of ownership give name			PROD. Co.			
	and address of previous owner	W.K. Byrom Box	147 HOBBS, N.M.	88240			
£I.	DESCRIPTION OF WELL AND	Vell No., Fool Name, Including I	Formation Kind of Lea	ise Lense No.			
	H.T. DRCUTT		BURG SAN ANDRES State, Fear	2, 3,00			
	Unit Letter;;	330 Feet From The NORTH LI	ne and 990 Feet From	The WEST			
	Line of Section To	ownship 19-5 Range	38 E , NMPM,	LFA County			
III.	I. 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 for SHELL PIPELINE Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this for						
	If well produces oil or liquids,	Unit Sec. Twp. Ege.					
	give location of tanks. If this production is commingled w	$D \mid B \mid 19 \mid 38$ with that from any other lease or pool,	give commingling order number:	DEC. 28, 1956			
	COMPLETION DATA	Oil Well Gas Well	New Well Workever Deepen	Flug Back Same Resty. Diff. Resty.			
	Designate Type of Completi	ion - (X) Date Compl. Recdy to Prod.	Total Depth	P.B.T.D.			
	Date Optioned	bute compilities y to y tea.	Total Depth	F.B.1.D.			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
			D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
T /	TEST DATA AND DECUEST F	COD ALLOWARIE (Tour Tour Land					
٧.	TEST DATA AND REQUEST F	able for this de	epth or be for full 24 hours) Producing Method (Fiou., pump, gas	l and must be equal to or exceed top allow-			
	Date First New Cil Hun To Tanks Date of Test						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Ott-Bbls.	Water - Bbls.	Gas-MCF			
	O.A.S. WIDLE		<u> </u>	 			
	GAS WELL 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.	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION			
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED 11.5.				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Aug Work (Signature) Administrative Assistant		BY				
			TITLE TO A STATE OF THE STATE O				
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
-1	(Sign Activ	ninistrative Assistant	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	4/h4/20 11 (T)	All sections of this form must be fitted our completely for show					
	DW. Susp	10-30-76	well name or number, or transpor	II. III, and VI for changes of owner, ter, or other such change of condition.			
,	v w		Separete Forms C-104 must completed wells.	st be filed for each pool in multiply			