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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

Box 12

Operator AMOCO PRODUCTION COMPANY	
Address BOX 367, ANDREWS, TEXAS 79714	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	PROPERTY OPERATED BECAME UNITIZED - 1-1-75. FORMER: TERRY #3
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner **MARTINDALE PETROLEUM CORP., Box 1955, Hobbs, NM 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name SOUTH HOBBS (GSA) UNIT	Well No. Pool Name, including Formation 97 HOBBS GSA	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter P ; 990 Feet From The South Line and 990 Feet From The EAST Line of Section 10 Township 19-S Range 38-E , N.M.P.M. LEA County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ ARCO PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) MIOLANO, TX.		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ PHILLIPS PETROLEUM CO.	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE, OK.		
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 10	Twp. 19S
	Rge. 38E	Is gas actually connected? YES	When N/A

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

(Test must be after recovery of total volume of load 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, 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.

R. C. York
ADMINISTRATIVE ASSISTANT

JAN 15 1975

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 in owner.