NO. OF COPIES RECI	EIVED				
DISTRIBUTION					
SANTA FE					
FILE					
U.\$.G.S.					
LAND OFFICE		_			
TRANSPORTER	OIL				
	G A S				
OPERATOR					
2022 171011 021					

	SANTA FE FILE	REQUEST	Form C-104 Supersedes Old C-104 and C-11. Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL	L AND NATURAL O	SAS		
	LAND OFFICE						
	TRANSPORTER OIL						
	OPERATOR GAS						
	PRORATION OFFICE						
1.	Operator			CASINGHEAD G	AS MUST NOT		
	Amoco Production Company			FLARED AFTER 8/1/8/			
	Address			UNLESS AN ENCEPTION TO R-4070			
		, NM 88240		IS OBTAINED.			
	Reason(s) for filing ((neck proper box)		Othe	er (Flease explain)			
	New Well X	Change in Transporter of:		Deviation sur	vev attached		
	Recompletion.	Oil Bry Ga Casinghead Gas Conden	===				
	Change in Owners	Cusingheat Gus Conden	sate				
	If change of ownership give name						
	and address of previous owner						
H.	DESCRIPTION OF WELL AND I	LEASE					
	Lease Name	Well No. Pool Name, Including Fo		kina oi Lease	Lease No.		
	South Hobbs (GSA) Un	it 126 Hobbs Graybur	rg San And	res State, Federa	lor Fee Fee		
	Location						
	Unit Letter N : 1295	Feet From The South Lin	e and13	365 Peet From S	The West		
	10	JO C -	30 F		Carret		
	Line of Section 10 Tow	mship 19-S Range	38-E	, NMPM, Lea	County		
***	DESIGNATION OF TRANSPORT	CEP OF OH AND NATURAL GA	S				
111.	Name of Authorized Transporter of Off	or Condensate	Address (Give	adaress to which approv	ved copy of this form is to be sent)		
				Box 1008, Hobbs, NM 88240			
	Name or Authorized Transporter of Cas	Ingheda Gas or Dry Gas	Address (Give	address to which appro-	ved copy of this form is to be sent)		
			:				
	if well produces oil or liquids,	Unit Sec. Twp. Ege.	, ls gas actuall	y connected? . Who	er		
	give location of tanks.	J		i			
	If this production is commingled wit	h that from any other lease or pool,	give comming	ling order number:			
	COMPLETION DATA		· · · · · · · · · · · · · · · · · · ·	Workever Deepen	Plig Back Same Resh. Lift, Restv.		
	Designate Type of Completio		Item Metr	rolkovai Deepeli	James to Same		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	i	. P.B.T.D.		
	10-28-78	6-3-81		4258'	4185'		
	Elevations /DF, RKB, RT. GR, etc.,	Name of Producing Formation	Top Cil/Gas		Tuning Depth		
	3594.4' GR	Grayburg		4041'			
	Perforations				Depth Casing Shoe		
	4041'-4179' with 2 JSPF						
		TUBING, CASING, AND					
	HOLE SIZE	CASING & TUBING SIZE	D	EPTH SET	SACKS CEMENT		
	15"	11-3/4"		16021	650 filler, 110 Class 1200 Class C		
	1)"	8-5/8"	<u> </u>	3974'	1200 Class C		
			<u>. </u>		dense has an all as as as as at tan all as		
V.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this de			and must be equal to or exceed top allow-		
	Date First New Cil Run To Tanks	Date of Test	Producing Me	thed (Flow, pump, gas li	ft, eco.)		
	3-22-79	7-2-80		Pumping			
	Length of Test	Tubing Pressure	Casing Press		Choxe Size		
	24 hr.						
	Actual Frod. During Test	Off-Bbis.	Water-Bbis.	620	Gas-MOF		
		2	<u>.</u>	632	00		
	GAS WELL		Bbls. Conden	agte (MACE	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbia. Comaen	sate, w.v.c.			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Press	ure (Shut-17)	Choke Size		
	testing Matrice (pitot, buck pit)	I don't i losomo (Bilde-III)		,			
				OH CONSERVA	ATION COMMISSION		
VI.	CERTIFICATE OF COMPLIANO	,		OIL CONSERVA	THOM COMMISSION		
	1-Hou 1-Susp 1-LBG	1-W. Stafford, Hou	APPROVE	5/D	<u> </u>		
	I hereby certify that the rules and r Commission have been complied	with and that the information given	/				
	above is true and complete to the	best of my knowledge and belief.	BY_	to and a reserve the	DISCRICE &		
		1	TITLE 5	STATE AND THE PROPERTY OF THE	(ZIV) A STANCE OF THE		
	0 /	<i>(</i> .			compliance with bull 5 1104		
	De L	Maria Th		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
	Farton	ilime!	11 11 obio	form must be accomps	inied by a tabulation of the deviation		
	Assist.Admin.		tests take	n on the well in acco	rdance with RULE 111.		
	nssist.Admill.	imulyst	All se	ctions of this form mu	ist be filled out completely for allow-		

6-11-81 (Date)

All sections of this form must be filled out completely for all able on new and recompleted wells.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.