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U.S.G.S.	
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-1
Effective 1-1-85

1.

Operator Amoco Production Company	
Address P. O. Box 68, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☒	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State A	Well No. 38	Pool Name, including Formation Wildcat Yates	Kind of Lease State, Federal or Fee State	Lease No. A-1212
Location				
Unit Letter J	1880	Feet From The South	Line and 1730	Feet From The East
Line of Section 4	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 ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Corporation	4001 Penbrook, Odessa, TX					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 4	Twp. 19	Rge. 38	Is gas actually connected? Yes	When 8-11-82

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 Resrv.	Diff. Resrv.
			X						X
Date Spudded 10-27-80	Date Compl. Ready to Prod. 12-30-81	Total Depth 3750		P.B.T.D. 3471					
Elevations (D.F., R.K.B., RT, GR, etc.) 3608.8 GL	Name of Producing Formation Yates	Top Oil/Gas Pay 2711		Tubing Depth 2990					
Perforations 2711-15, 2739-47, 2766-79, 2843-45, 2888-95				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4		9-5/8		408		350			
8-3/4		7		3750		1042			
		2-3/8		2990					

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-MMCF

GAS WELL

Actual Prod. Test-MMCF/D 475	Length of Test 24 hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Flow	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 300	Choke Size 14/64

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.

Assist. Admin. Analyst

4-15-82

(Date)

OIL CONSERVATION COMMISSION

JAN 11 1983

APPROVED _____, 19

ORIGINAL SIGNED BY

BY JERRY SEXTON

TITLE DISTRICT 1 SUPR.

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 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.