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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-
Effective 1-1-55

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 oil: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	Other (Please explain) Connection of casinghead gas

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE	
Lease Name Best Gas Com	Well No. 1
Pool Name, indicating formation Und. Wolfcamp	
Kind of Lease State, Federal or Fee Fee	
Lease No.	
Location	
Unit Letter G	1980 Feet From The North Line and 1780 Feet From The East
Line of Section 23	Township 20-S Range 35-E, NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Amoco Production Company (Trucks)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Tx
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips	Address (Give address to which approved copy of this form is to be sent) Frank Phillips Bldg., Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When G 23 20-S 35-E Yes 9-14-83

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas well New Well Workover Deepen Plug Back Same Resrv. Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod. Total Depth F.T.D.
Elevations (OF, R.R.D. 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

IV. 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 (pitot, suck pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. 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.

Cathy L. Forman
(Signature)

Asst. Admin. Analyst

(Title)

9-15-83

(Date)

0+5-NMOCD,H 1-HOU 1-F. J. Nash, HOU 1-CLF

OIL CONSERVATION COMMISSION

SEP 16 1983

APPROVED _____, 19

BY ORIGINAL SIGNED BY EDDIE SEAY

TITLE OIL & GAS INSPECTOR

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 deviated 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 multiple completed wells.