

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator AMOCO PRODUCTION COMPANY	
Address P.O. BOX 68 HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☒ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Gashead Gas ☐ Dry Gas ☐ Condensate To Request 2,000 bbl. testing allowable

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Heller Co. Trust Com "A"	Well No. 1	Pool Name, including Formation Osuda West Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter E : 2180 Feet From The North Line and 660 Feet From The West Line of Section 24 Township 20-S Range 35-E , NMPL, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Amoco Production Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa TX 79761	
If well produces oil or liquid, give location of tanks.	Unit E	Sec. 24
	Twp. 20-S	Rge. 35-E
	Is gas actually connected?	When
	Yes	9-30-83

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]

(Signature)

ADMINISTRATIVE ANALYST

(Title)

3 June 1985

(Date)

0-5 NMOC-D, 1-JRB, 1-FJN

1-NLG, 1-R.J. Byers

OIL CONSERVATION DIVISION

APPROVED **JUN - 3 1985**
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT SUPERVISOR
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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug back	Same resist.	Diff. Res.
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

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able 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 (Chart-1b)	Casing Pressure (Chart-1b)	Choke Size