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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 M&A C-104 and C-1
Effective 1-1-55

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 ☒	Change in Transporter of:		Tie-in to accomodate flow testing results prior to actual completion of well.
Recompletion ☐	Oil ☐	Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐	
If change of ownership give name and address of previous owner:			

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Heller Co. Trust Com "A"	1	Osudo West Morrow	State, Federal or Fee	Fee
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	N.M.P.M.
			Lea	County

II. 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)		
Amoco Production Company (Trucks)	P. O. Box 1183, Houston, TX		
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 Company	4001 Penbrook, Odessa, TX		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	E	24	20-S
			35-E
Is gas actually connected?	Yes	When	9-30-83

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, R&D, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Penetrations	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 (pilot, 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)

Assist. Admin. Analyst

(Title)

10-3-83

(Date)

OIL CONSERVATION COMMISSION

OCT 5 1983

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1134.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 1111.

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.

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CC -
Housing Office