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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-110
Effective 1-1-65

I. Operator Amoco Production Company	
Address BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE				
Lease Name OWEN B	Well No. 1	Pool Name, Including Formation DRINKARD-OIL	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter M	990	Feet From The SOUTH Line and 330	Feet From The WEST	
Line of Section 34	Township 21-S	Range 37-E	NMPM, LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 576, Houston Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Co	Address (Give address to which approved copy of this form is to be sent) Box 1650, Tulsa Okla					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 34	Twp. 21	Rge. 37	Is gas actually connected? Yes	When 6-1-74
If this production is commingled with that from any other lease or pool, give commingling order number:					PC-476	

IV. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded OC 5-20-74	Date Compl. Ready to Prod. 6-1-74	Total Depth 6614'	P.B.T.D. -					
Elevations (DF, RKB, RT, GR, etc.) 3450' DF	Name of Producing Formation DRINKARD	Top Oil/Gas Pay 6328'	Tubing Depth 6306'					
Perforations 6328-33, 52-56, 76-85, 92-95, 6416-20, 23, 34, 6440-44, 49, 64-68, 75-78, 84-86, 92-96, 6500-04	Depth Casing Shoe 6614'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
18"	15 1/2"	132'	100					
8"	7"	3625'	150					
6 1/4"	5"	6614'	160					

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 6-1-74	Date of Test 6-6-74	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24	Tubing Pressure F- 850	Casing Pressure Pka.	Choke Size 15/64"
Actual Prod. During Test 42	Oil-Bbls. 30	Water-Bbls. 12 BLW	Gas-MCF 2321

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		JUN 11 1974	
04-4-NMCCC-H 1-DIV 1-OBP F-JCK 1-SUSD 1-IRY		APPROVED BY John W. Runyan TITLE Assistant Commissioner	
Roy R. Yakum (Signature) ADMINISTRATIVE ASSISTANT (Title) JUN 7 1974 (Date)		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.	