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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> 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-105  
Effective 1-1-53

I. 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):  
If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: Federal CK Com Well No.: 1 Pool Name, including Formation: Wildcat Morrow Kind of Lease: Federal Lease No.: NM14332  
Location: Unit Letter: H 1980 Feet From The North Line and 660 Feet From The East  
Line of Section: 6 Township: 22-S Range: 32-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Koch Oil Company Address (Give address to which approved copy of this form is to be sent): 1119 Gibraltar Savings Center, Midland Tx  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Address (Give address to which approved copy of this form is to be sent): Box 1492, El Paso, TX 79978  
If well produces oil or liquids, give location of tanks: Unit: H Sec: 6 Twp: 22 Rge: 32 Is gas actually connected? Yes When: 3-11-82

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 Res't. ☐ Diff. Res't. ☐  
Date Spudded: 7-26-81 Date Compl. Ready to Prod.: 1-22-82 Total Depth: 15018 F.B.T.D.: 14480  
Elevations (DF, RKB, RT, GR, etc.): 3650 RDB Name of Producing Formation: Morrow Top Oil/Gas Pay: 14049 Tubing Depth: 13,919  
Perforations: Depth Casing Shoe:  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
20 16 500 600 SX C1C  
14-3/4 10-3/4 4587 3700 lite, 200 C1C  
9-1/2 7-5/8 11893 500 lite, 200 C1H  
6-1/2 4-1/2 15018 600 C1H

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-MCF:

GAS WELL  
Actual Prod. Test-MCF/D: 750 Length of Test: 24 hr. Bbls. Condensate/MMCF: 3 Gravity of Condensate: 58  
Testing Method (pilot, back pr.): Flow test Tubing Pressure (Shut-In): 450 Casing Pressure (Shut-In): NA Choke Size: 18/64

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.  
Mark Randolph  
(Signature)  
Assist. Admin. Analyst  
(Title)  
3-25-82  
(Date)  
OIL CONSERVATION COMMISSION  
MAR 31 1982  
APPROVED: JERRY SEXTON  
BY: JERRY SEXTON  
TITLE: DISTRICT SURVEYOR  
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.  
Form C-104 must be filed for each well in compliance with

O.C.D.

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**HOBBS OFFICE**