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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-101 and C-110  
Effective 1-1-65

Operator AMOCO PRODUCTION COMPANY	
Address P.O. DRAWER A, LEVELLAND, TEXAS 79336	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE 'C', TR. 11	Well No. 2	Pool Name, Including Formation EUNICE-MONUMENT-GSA	Kind of Lease State, Federal or Fee STATE	Lease No. 13790
Location				
Unit Letter W ; 660 Feet From The SOUTH Line and 1980 Feet From The EAST				
Line of Section 2 Township 21-S Range 36-E , NMPL, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
GETTY OIL COMPANY	BOX 249, HOBBS, N.M., 88240					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 2	Twp. 21-S	Rge. 36-E	Is gas actually connected? YES	When NA

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

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
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 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, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

0 + 4 NMOC, HOBBS

1 - DIV

3 - SUSPENSE

*Kenneth Brand*  
(Signature)

SENIOR STAFF ASSISTANT  
(Title)

APRIL 14, 1977  
(Date)

OIL CONSERVATION COMMISSION

APPROVED *APR 14 1977*, 19

BY *John Runyan*

TITLE *Geologist*

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 re-completed wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

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BUREAU OF ECONOMIC ANALYSIS