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U.S. GEO.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
SP. LANDS	
PRODUCTION 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 1-1-66

Amoco Production Company	
BOX 88, HOSS, N. M. 88240	
Reason for change (check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
EFFECTIVE - 9-1-72	
FORMERLY - MOBIL PL Co	

If change of ownership give name
and address of previous owner

I. DESIGNATION OF WELL AND LEASE	
Well No. <u>3</u>	Pool Name, Including Formation <u>DRINKARD - TEBB - OIL</u>
Kind of Lease <u>FEE</u>	Lease No.
Section <u>1</u>	Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>WEST</u>
Line or Section <u>94</u>	Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>TEXAS-NEW MEXICO PIPELINE Co</u>	<u>BOX 1510 MIDLAND TEXAS 79701</u>
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)
<u>WARREN PETROLEUM Corp</u>	<u>BOX 1589 TULSA OKLA 74102</u>
Is well producing oil or liquids, gas or both? <u>YES</u>	Is gas actually connected? <u>YES</u>
Unit <u>B</u> Sec. <u>9</u> Twp. <u>21</u> Rge. <u>37</u>	When

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.B.T.D.
Elevation (T.F., R.R., RT, GR, etc.)	Name of Producing Formation
Top Oil/Gas Pay	Tubing Depth
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
Action Prod. During Test	Oil-Bble.
Water-Bble.	Gas-MCF

GAS WELL	
Action Prod. Test-MCF/D	Length of Test
Bble. 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.	
APPROVED <u>SEP 12 1972</u> , 19	
BY <u>Joe D. Ramsey</u> , Dist. I, Supv.	
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	
OF 11 - 111,000-N	
1- DAV	
1- GGP	(Signature)
1- J.L.	AREA SUPERINTENDENT
1- GGP	(Title)
	SEP 8 1972
	(Date)