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TRANSPORTER	OIL
	GAS
OPERATOR	
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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

1. COMPANY Amoco Production Company	
Address BOX 66, HOBBS, N. M. 88240	
2. (Check proper box) New Lease <input type="checkbox"/> Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain) EFFECTIVE - 9-1-72 FORMERLY - MOBIL PL Co

If change of ownership give name
and address of previous owner

3. DESCRIBE NEW WELL AND LEASE			
Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
7	BLINEBRY- OIL	State, Federal or Free FEE	
Location Section A ; 660 Feet From The NORTH Line and 585 Feet From The EAST Line of Section 9 Township 21-S Range 37-E , NMPM, LEA County			


4. 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) TEXAS-NEW MEXICO PIPELINE Co Box 1510 MIDLAND TEXAS 79701		
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) HARBEN PETROLEUM Corp Box 1589, TULSA OKLA 74102		
Flow of oil or liquids, give volume of flow.	Unit B Sec. 9 Twp. 21 Rgn. 37	Is gas actually connected? YES	When

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

5. COMPLETION DATA							
Type of Completion - (X)							
<input type="checkbox"/> 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 Resrv.	<input type="checkbox"/> Diff. Resrv.
Date Completed	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
Cementing (SPE, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
Perforation				Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			

6. 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

7. 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

8. 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 is true and complete to the best of my knowledge and belief.		APPROVED SEP 12 1972 , 19	
 (Signature)		BY Joe D. Ramey Dist. I, Supv.	
AREA SUPERINTENDENT		TITLE	
(Title)		This form is to be filed in compliance with RULE 1104.	
(Date) SEP 8 1972		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the well 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	

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SEP 11 1972

OIL CONSERVATION COMM.
DORRIS, N. H.