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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-11
Effective 1-1-65

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 of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State C Tract 12	Well No. 4	Pool Name, including Formation Tubb Oil and Gas	Kind of Lease State, Federal or Fee State	Lease No. 13790
Location Unit Letter F , 1980 Feet From The North Line and 3300 Feet From The East Line of Section 16 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"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 52332, Houston, TX 77052	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> a) Oil Purchaser: Mobil Oil Corp. b) Gas Purchaser: Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 906, Dallas, TX 75221 P. O. Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit F Sec. 16 Twp. 21-S Rge. 37-E	Is gas actually connected? Yes When 8-10-83

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 <input checked="" 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'ty. <input type="checkbox"/>	Diff. Res'ty. <input checked="" type="checkbox"/>
Date Spudded 9-17-47	Date Compl. Ready to Prod. 8-10-83		Total Depth 7502'		F.B.T.D. 6500'			
Elevations (DF, RKB, RT, GR, etc.) 3477' GL	Name of Producing Formation Tubb		Top Oil/Gas Pay 6144'		Tubing Depth ±6331'			
Perforations 6044'-60', 6078'-96', 6108'-16', 6150'-82', 6196'-6232' 6262'-78', 6300'-04', 6311'-17', 6322'-26'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		316'		325			
12"	9-5/8"		2900'		1500			
8-3/4"	7"		6656'		700			
	2-3/8"		±6331'					

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)

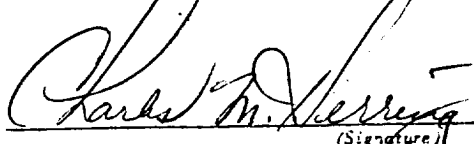
Date First New Oil Run To Tanks 7-10-83	Date of Test 8-9-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 1	Gas - MCF 35

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

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.


(Signature)
Administrative Analyst
(Title)
8-19-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 23 1983**, 19

BY **ORIGINAL SIGNED BY MERRY SEXTON**
DISTRICT I SUPERVISOR
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 deviated 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 multiple

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