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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-110  
Effective 1-1-65

I. Operator **Amoco Production Company**

Address **BOX 68, HOBBS, N. M. 88240**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) **EFFECTIVE - 2-1-72**  
**FORMERLY: MOBIL P. L. Co.**

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>STATE C TRACT 12</b>	<b>4</b>	<b>DRINKARD</b>	State, Federal or Rec <b>STATE</b>	<b>B-1557</b>
Location				
Unit Letter <b>F</b>	<b>1980</b>	Feet From The <b>NORTH</b> Line and <b>3300</b>	Feet From The <b>EAST</b>	
Line of Section <b>16</b>	Township <b>21-S</b>	Range <b>37-E</b>	NMPM, <b>LEA</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized 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)
<b>TEXAS NEW MEXICO PIPELINE</b>	<b>Box 1510, MIDLAND TEXAS 79701</b>
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)
<b>WARREN RETROCORP</b>	<b>Box 1589, TULSA OKLA 74102</b>
If well produces oil or liquids, give location of tanks.	Unit <b>D</b> Sec. <b>16</b> Twp. <b>21</b> Rge. <b>37</b>
	Is gas actually connected? <b>YES</b> When

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'tv.	Diff. Res'tv.
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			
Penetrations					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.

**044-NMOC-11**  
**1-DRP**  
**1-JEK**  
**1-DIV**  
**1-SUSP**

(Signature) **AREA SUPERINTENDENT**

(Title)

(Date) **SEP 8 1972**

OIL CONSERVATION COMMISSION  
**SEP 12 1972**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **Joe D. Ramey**  
Dist. 1, 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 multiple completed wells.

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I. OPERATOR

Operator Amoco Production Company

Address BOX 68, HOBBS, N. M. 88240

Transporter (Check proper box)

Change in Transporter of:

Oil ☒ Dry Gas ☐

Casinghead Gas ☐ Condensate ☐

Other (Please explain) Formerly - Mobil PL Co  
EFFEC - 2-1-72

Well name (Give name of well)

Well owner (Give name of well owner)

II. DESCRIPTION OF WELL AND LEASE

Lease No. STATE C TR 12 Well No. 4 Pool Name, including Formation BLINEBRY Kind of Lease State, Federal or Fe Lease No. STATE B-1557

Location

Unit Letter F ; 1980 Feet From The North Line and 3300 Feet From The EAST

Line or Section 16 Township 21-S Range 37-E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil ☒ or Condensate ☐ 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 ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Box 308 Omaha NE 68101  
Box 1589 Omaha NE 68102

If well produces oil or liquids, give location of tanks. Unit D Sec. 16 Twp. 21 Rge. 37 Is gas actually connected? Yes When

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

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Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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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

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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.

04 S. NMOC-C-H

1-OBP

1-JEL

1-SUD

1-DIV

(Signature)

AREA SUPERINTENDENT

(Title)

SEP 8 1972

(Date)

OIL CONSERVATION COMMISSION

SEP 12 1972

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_ Orig. Signed by

Joe D. Ramey

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