NA SECUENCE NE	EIVED
DISTRIBUTIO	NO
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
IRANSPORTER	OIL
TRANSPORTER	GAS
OPERATOR	
PRORATION OF	FICE

O'STRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER OIL  GAS  OPERATOR	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS			
I. PRORATION OFFICE Control Co	Ompany					
AMOCO Production C	Amoco Production Company					
BOX 68, HOBBS, N. M. 882	40	Other (Please explain)				
Reasons) for filing (Check proper box New Wall	Change in Transporter of:	EFFECTIVE -	9-1-72			
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	ate   FORMERLY: NO!	3/1 P. L. Co.			
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND	I.EASE  Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.			
STATE C TRACT I	12 4 DRINKAR		or Ree TATE 15-1557			
Location E 198	30 Feet From The NORTH Line	and 3300 Feet From	The EAST			
Unit Letter F	215	37-E , NMPM, LE	County			
Elias of decitor	Wilding					
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to which appro	ved copy of this form is to be sen!			
TEAS NEW ME	XICO TIPELINE	OOX 510, 110 A	wed copy of this form is to be sent)			
11/DPREN HETRO!	BRP	BOX 1589, TULSA	OKLA 74/02			
it well produces oil or liquids, gave location of tanks.	Unit Sec. Twp. Rgc.	ls gas actually connected? Wh				
	ith that from any other lease or pool,	give commingling order number:				
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
Designate Type of Complete	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Date Spudded		Top Oil/Gas Pay	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1 op Oll/ Gds Pdy				
Periorations			Depth Casing Shoe			
		CEMENTING RECORD	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oi pth or be for full 24 hours)	il and must be equal to or exceed top allow-			
OH WELL  Date First New Oil Bun To Tanks Date of Test  Producing Method (Flow, pump, gas lift, etc.)						
Lergin of Test	Tubing Pressure	Casing Pressure	Choke Size			
	-	Water - Bbls.	Gas-MCF			
Actus, Prod. During Test	Oil-Bbls.					
GAS WILL As we Does Toet-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
Trees, detect (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
C. J. March Proof Amon Prof.		011 00110701	ATION COMMISSION			
VI. CEPTICISCATE OF COMPLIANCE  I hereby country that the rules and regulations of the Oil Conservation Compassion have been complied with and that the information given		SEP	VATION GPAMMISSION			
		APPROVED	Orio Signed by			
	d with and that the information given the best of my knowledge and belief.	01	Joe D. Ramey Dist. 1, Supv.			
014. NMUCC-11)		TITLE				
1-08P		1	n compliance with RULE 1104.  lowable for a newly drilled or despense			
1-JEK IS	ignature)	well, this form must be accom	cordance with RULE 111.			
I-DIV	AREA SUPERINTENDENT	All sections of this form able on new and recompleted	must be filled out completely for allow			

8 1972

SEP

(Date)

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 sampleted wells.

NO. OF COURS PECE	IVED		
DISTRIBUTIO	N		
SANTA FF			
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1 / me to race			
THANSPORTER	OH		-
	GAS		
OPERATOR			
PRORATION OF	ICE	<u> </u>	1
Amoco Pr	oduc	tion	Co

Form C=104
Supersedes Old C-101 and C-116
Fiffertive Jul 65

	DISTRIBUTION	REQUEST FO	ISERVATION COMMISSION  OR ALLOWABLE  AND	Form C=104 Supersedes Old C=103 and C=116 Uffective 1=1-85
	THANSPORTER GAS	स्वात्रकारिदेशीलस्य एवं सिर्वाट	SPORT OIL AND NATURAL C	SAS
1.	PRORATION OFFICE Operator			
	Amoco Production Cor	npany		
	BOX 68, HOBBS, N. M. 882	240 -		
	Surveyed to thing (Check proper box)	Change in Transporter of:	Other (Please explain)	bil Ph Co
	The control of the co	OII Dry Gas Castinghead Gas Condense	Jarmerky- Mi  EFFEC - 9	-1-72
	Note that the state of the same			
II.	STATE C TR 12	EASE Well No. Pool Name, including For BLINEBRY	mation Kind of Leas State, Feder	al or Fe STATE B-1557
	Unit Letter <u>F</u> : 198	Feet From The NOR HULine	and <u>3300</u> Feet From	The <u>FAST</u>
	Line or Section 16 Tow	mship 2/-S Range 3	37-E, NMPM, LE	A County
Ш	Home of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS	Audress (Give address to which appr BOX 1510 MUSLAN	10/11/1 70/11/
	(1) MORTHERN MATURAL G	or Dry Gas (Z)	address Give address of which appropriately 1589 Quisa Wilson Wil	Picopy of this form is to be sent)  10 1410 \times 141
	if well produces oil or liquids, give location of tanks.	D 16 21 37	Yes	
IV	If this production is commingled with COMPLETION DATA  Designate Type of Completion	th that from any other lease or pool, g	New Well Workover Deepen	Plug Back   Same Res'v. Diff, Res'v.
	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		CACKE CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	V. TEST DATA AND REQUEST F OIL WELL Date First New Oil Bun To Tanks	OR ALLOWABLE (Test must be af able for this de	ter recovery of total volume of load of pth or be for full 24 hours)  Producing Method (Flow, pump, gas	il and must be equal to or exceed top allow lift, etc.)
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test			Gas-MCF
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	
	GAS WELL			
	Actus: 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 COMPLIA		NCE	SEP	1 2 1972 19
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	· Orig. Signed by
	above is true and complete to the	ne best of my knowledge and belief.	BY	Joe D. Ramey
	04 5. NMOCC. H		This form is to be filed	in compliance with RULE 1104.
	1.080		If this is a request for al	lowable for a newly drilled or deepen-
	1-JEK (SIE	AREA SUPERINTENDENT	tests taken on the well in ac	must be filled out completely for allo
	1-5030 1-DIV	(itle) SEP 8 1972	able on new and recompleted	wells.  II. III. and VI for changes of owns

(Date)

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.