

COMPLETION	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Oil C-104 and C-110
Effective 1-1-65

Operator Amoco Production Company	
Address BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: EFFECTIVE - 2-1-72
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐ FORMERLY: MOBIL P. L. Co.

If change of ownership give name
and address of previous owner

SECTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
STATE C TRACT 12		6Y	DRINKARD	State, Federal or Foreign	STATE B-1557
Location	0	720	Feet From The NORTH Line and	1980	Feet From The WEST
Line of Section	16	Township	21-S	Range	37-E , NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)			
Authorized Transporter of Oil ☒ or Condensate ☐	TEXAS New Mexico PIPELINE	Box 1510, MIDLAND TEXAS 79701			
Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	WARREN PETROLEUM	Box 1589, TULSA OKLA 74102			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected? When
	D	16	21	37	YES

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
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 CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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

GRAVITY	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
Flowing Pressure (Shut, 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-14	
1-DIV	
1-JEL	
1-OBP	
1-SUSP	(Signature) AREA SUPERINTENDENT
	(Title)
	(Date) SEP 8 1972

OIL CONSERVATION COMMISSION	
SEP 12 1972	
APPROVED	Orin. Signed by
BY	Joe D. Ramey
	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 change of owner, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiple.