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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS		
OPERATOR			
PRODUCTION OFFICE			

W 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

Operator **AMOCO PRODUCTION COMPANY**

Address **P.O. DRAWER A, LEVELLAND, TEXAS 79336**

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change In Ownership ☐

Change In Transporter of:  
Oil ☐  
Casinghead Gas ☒  
Dry Gas ☐  
Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
STATE "C", TR. 11	4	HARDY BLINEBRY POOL	State, Federal or Fee	STATE B-1557

Location

Unit Letter **O** ; **3300** Feet From The **SOUTH** Line and **1980** Feet From The **EAST**

Line of Section **2** Township **21-S** Range **36-E** , NMPM, **LEA** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS **SCURLOCK PERMIAN CORP EFF 9-1-91**

Name of 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>THE PERMIAN CORP. (TRUCKS)</b>	<b>P.O. BOX 1183, HOUSTON, TEX</b>
Name of 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>GETTY OIL COMPANY</b>	<b>BOX 249, HOBBS, N.M., 88240</b>

If well produces oil or liquids, give location of tanks.

Unit **J** Sec. **2** Twp. **21-S** Rge. **36-E** Is gas actually connected? **YES** When **NA**

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	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 CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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.

4 NMOCC, HOEBS  
1- DIV  
1- SUSPENSE  
**Kenneth Brand**  
(Signature)  
**SENIOR STAFF ASSISTANT**  
(Title)  
**APRIL 14, 1977**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 18 1977**, 19

BY

Orig. Signed by  
**John Runyan**  
Geologist

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 condition.

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APR 16 1977

OIL CONSERVATION COMM.  
HOOVER, N.M.