

DISTRIBUTION
 SANTA FE
 FILE
 U.S.G.S.
 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
 Superseding Old C-101 and C-111
 Effective 1-1-65

Operator
 Amoco Production Company
 Address
 P. O. Box 68, Hobbs, NM 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)
 To show connection date on gas.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
 Lease Name State E Tract 27 Well No. 1 Pool Name, Including Formation Blinebry Kind of Lease State, Federal or Fee State Lease No. B-1553
 Location
 Unit Letter N 430 Feet From The South Line and 1980 Feet From The West
 Line of Section 18 Township 21-S Range 37-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
 The Permian Corporation P. O. Box 1183, Houston, TX
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
 Getty Oil Company P. O. Box 1137, Eunice, NM
 If well produces oil or liquids, give location of tanks. Unit N Sec. 18 Twp. 21 Rge. 37 Is gas actually connected? Yes When 12-11-79

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

COMPLETION DATA
 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 Taking 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/MCF 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.
 O+4 NMOCD-H, 1-Hou, 1-Susp, 1-BD
 Bob Davis (Signature)
 Assistant Administrative Analyst (Title)
 1-15-80 (Date)
 OIL CONSERVATION COMMISSION
 JAN 16 1980
 APPROVED
 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 changes of owner, well name or number, or transporter, or other such change of conditions.