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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
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Amoco Production Company	
Address BOX 68, HOBBES, N. M. 88240	
Reason(s) for change (check proper box)	Other (Please explain) EFFECTIVE 7-1-74
New Well	Change in Transporter of:
Recompletion	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **MIDWEST OIL CORP MIDLAND, TEXAS**

II. DESCRIPTION OF WELL AND LEASE

Lease Name CLUSTER MOUNTAIN UNIT	Well No. 1	Pool Name, Including Formation CINTA ROJA - MORROW	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM01228-A
Location				
Unit Letter K	1980	Feet From The SOUTH	Line and 1980	Feet From The WEST
Line of Section 9	Township 24-S	Range 35-E	NMPM,	LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> SHELL PIPELINE Co. (87.5%) *FAMARISS OIL & REFINING Co. INC. (12.5%)	Address (Give address to which approved copy of this form is to be sent) PO BOX 1910, MIDLAND, TEX 79701 PO BOX 980, HOBBS, N.M. 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS Comp.	Address (Give address to which approved copy of this form is to be sent) PO BOX 1492, EL PASO, TEX.					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 9	Twp. 24-S	Rge. 35-E	Is gas actually connected? YES	When 8-6-65

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'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 *As ordered by U.S.G.S., Roswell, N.M.					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 (piston, 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.

044-11MOC
1- DIV
1- ICL
1- OBP
1- SUSP
1- RP-1

Roy R. Yorkum
Signature
Adm. Asst.
(Title)
7-1-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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.