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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Lergy, Minerals and Natural Resources Department

Form C-104
Reviews 1-1-29
See instructions
at Bettern of Pro-

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Bracos Rd., Aziac, NM 87410

DISTRICT II
P.O. Drawer DD, Assesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I.</u>		TO TRAI	<u>NSPOF</u>	TO!	L AND NA	TURAL G					
Operator 1 1 1 1						API No.					
Amoco Hoduction Company					<u> </u>		-205/3				
P.D. Bay 2092	Houst	To The	77	175	3-3092	, 11	Pm 17	107)			
Reason(s) for Filing (Check proper box	2 persil				Oth	et (Please exp	Rm 17.	(DC)			
New Wall		Change in 7		of:	m L	1020			L	to.	
Recompletion	Oil		Dry Ges	Ц	Sffective	105-92	craige	mac 2	ranspo	/ Jer	
Change in Operator	Casinghee	d Gas 📗 (Condenses	<u> </u>		-	-				
and address of previous operator											
IL DESCRIPTION OF WELL	AND LE	ASE									
Legge Name			Pool Name	, includ	ing Formation	ng Formation Kin				Lease No.	
South / pottix Federa	LB_	15	Fowl	<u>er-</u>	Fusse	man		C-060579			
Location		~ /			1 ,						
Unit Letter	<u> : loloC</u>	<u></u> 1	Feet From	The 🎿	loth in	- 6/d	<u>)'</u>	et From The _	East	Line	
Section 22 Township	in 24-S	,	Range	31-	_ \	MPM,	Las, No	า			
	<u> </u>	<u>-</u>		<u> </u>	<u>د</u> ,	MLTWI,	200,707			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	L AND	UTAN	RAL GAS						
Name of Authorized Transporter of Oil	<u> </u>	or Condense]	Address (Giv	e address to w	tick approved	copy of this fo	rm is to be s	(1)	
Name of Authorized Transporter of Carin				_	PO.BO	x 264B,	Housto	2 /X	77252	<u>-</u>	
Sid Kichardson Carbo	stand Gar		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Unix		[wa.	Res	is me accept		Stan	thorto	IX. 14	102	
give location of tanks.	A			37	Yes	,	9-5				
If this production is commingled with that	from any other	er jesse or po	ol, give co	پښت	ling cotter some	Her:					
IV. COMPLETION DATA		<u> </u>			γ · · · · · · · · · · · · · · · · · · ·		_				
Designate Type of Completion	- (X)	Oil Well	Gas	Well	New Well	Workover	Despen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	• •	i. Ready to P	30d		Total Depth	<u> </u>		P.B.T.D.		<u> </u>	
·								P.B. L.D.		4.1	
Elevanous (DF. RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>			_							
								Depth Casing	Shoe		
		TIRING C	'A SING	AND	CEMENTE	IC PECOP	<u> </u>	!			
HOLE SIZE	TUBING. CASING AND CASING & TUBING SIZE				DEPTH SET			9	ACKS CEM	ENT	
	 	·									
V. TEST DATA AND REQUES	T FOR A	LLOWAE	BLE		<u> </u>			!			
OIL WELL (Test must be ofter n				nd #1446	be equal to or	exceed top elle	ruable for this	depth or be fo	r full 24 han		
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp, gas ijt, a	c.)	- J		
Leagth of Test											
residu ca lest	Tubing Pres				Casing Pressu			Choke Size			
Actual Prod. During Test	Oil - Risis				Water - Bbis.			Gas- MCF			
•		Jin - Apolis.									
GAS WELL					·	·	· · · · · · · · · · · ·			ing yili ing sanggan Tanggan	
Actual Prod. Test - MCF/D	Length of To	est			Bhis. Condens	MMCF		Gravity of Co	adap ass	學教 (2)	
lesting Method (pitet, back pr.)	Tubing Press	num (Shut-in))		Casing Pressu	e (Shut-un)		Choks Size		Septiment :	
77 OPER 4 TOTAL	<u> </u>			•						10000 PM	
VI. OPERATOR CERTIFIC						IL CON	ISERVA	TION	11/10/	TOP TO	
I hereby certify that the rules and regule Division have been complied with and t	would at the C last the inform	ra Constituti Intion sives s	nce shove							Company of the second	
is true and complete to the best of my in	nowiedge and	belief.			Dete	Approved	A.	JAN I	2 1993		
	•				Daile	• •			<u>.</u>	4.3	
A Versua M. O.	(ACL)				By_	Urig. S	Signed by Kautz				
Davina M. Frince	34	eff Ass.	istant	<u> </u>		Gen	logist				
Printed Name		T	the	_	Title_	54,50	-				
1-7-93	(713):	<u> 196-14</u>	286		I IIIE -						
LINE .		Telepho	No.	1	1						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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State of New Mexico

Umended

Form C-104 Revised 1-1-29 See instructions at Bottom of Press

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM	87410 REQUEST	FOR ALLOWA	ARI F AND ALI	THOR	ZATION				
<u>I</u>		RANSPORT O							
Amoco Production Com	Well API No.								
Address		-							
P. O. Box 3092, Hous	ton, TX 77253-3092	2							
Reason(s) for Filing (Check prope	r bax)		Other (/	lease expi	airi)	· · · · · · · · · · · · · · · · · · ·		-	
New Well	Change in Transporter of:								
Recompletion AA Change in Operator	Oil	Dry Gas		-/ 100	+		7 com		
If change of operator give name	Casinghead Gas	X Condensate X	(* 12 (*)	(.J. FI)	ally	Unit			
and address of previous operator IL DESCRIPTION OF W	VELL AND LYACE				· <u>-</u>				
Lease Name	Well AND LEASE	No. i Book Name Joseph	dian Famorian		1 257 .				
South Mattix Unit Feder		No. Pool Name, Inclu Fowler Fus	•			of Lease , Federal or Fed		.ease N o. LC-060579	
Location	6601				-				
Unit LetterA	: <u>660'</u>	Feet From The _	North Line and	660	F	eet From The _	Ea	ist Line	
Section 22 T	ownship 24S	Range	37E , NMPN	ſ,	Lea, M	im		County	
III. DESIGNATION OF T	TRANSPORTER OF	OIL AND NATI	TRAL GAS						
Name of Authorized Transporter of	f Oil X or Con	densite X	Address (Give ad	tress to wh	ich approved	copy of this fo	FM IS 10 be s	ent)	
Scurlock Permian			P. O. Box 4					,	
Name of Authorized Transporter of Sid Richardson Carbo			Address (Give add	# ess 10 wh	ich approved	copy of this fo	VM 15 10 00 31	ent)	
If well produces oil or liquids	Unit Sec.		201 Main St				X 76102		
give location of tasks.	A 22	24 37	Yes		When	9-5 - 92			
If this production is commingled with IV. COMPLETION DATA	th that from any other lease	or pool, give comming							
	Oil W	Vell Gas Well	New Well We	orkover	D) ~ ~ · (
Designate Type of Compl	etion - (X)	X	New West Wi	MEOVET	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded (Original	Date Compi. Read	y to Prod.	Total Depth	<u>_</u>		P.B.T.D.			
8-20-63 Completion 10-13-92 Elevanous (DF, RKB, RT, GR, etc.) Name of Producing Formation			99001		7375'				
3234 GR	Fowler Fussi		Top Oil/Gas Pay			Tubing Depti	3		
Performions	Towier Fussi	eman	7357'			Depth Casing	Shoe	_	
7357 - 7364' and 738							,		
HOLE SIZE		G. CASING AND)				
17"	13-3/8"	TUBING SIZE	DEPTH SET			SACKS CEMENT			
12-1/4"	9-5/8			00'		300 SX			
8-3/4"	7"			78' 00'		430 SX			
V TROP DATE				00		1165 SX		··	
V. TEST DATA AND RECOIL WELL (Test must be				-		·		···	
Date First New Oil Run To Tank	after recovery of total volum	ne of load oil and must	be equal to or exces	d top allow	vable for this	depth or be fo	r full 24 hour	3.)	
10-13-92	Date of Test 10-13-92	1	Producing Method Pump	(Flow, pun	φ, zas iψι, e	tc.)			
Length of Test	Tubing Pressure		Casing Pressure		···	Choke Size			
24 hours	/								
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
<u> </u>		7	· · · · · · · · · · · · · · · · · · ·	29 8			14		
GAS WELL								-	
Actual Prod. Test - MCF/D	Length of Tes.		Bbis. Condensate/N	M CF\		Gravity of Co	adensale	 -	
Testing Method (puot, back pr.)	Tubico Para (C		·			i			
(, , , , , , , , , , , , , , , , , , ,	Tubing Pressure (Sh	A H-10 .)	Casing Pressure (Si	IUI-LD)		Choke Size			
VL OPERATOR CERTI	FICATE OF COM	PLIANCE							
l hereby certify that the rules and	regulations of the Oil Cons	enano.	OIL	CONS	SERVA	NTION D	IVISIO	N	
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.						NOV 17 '92			
are and eventues to the best of	шу EDOWledge and belief.		Date Ap	oroved		NOV :	r ('92		
Villaca SM	البر		!!			(B) Vacal	(TON		
Signature	· runce		By	<u>は</u> 関係。 	IGNED BY	JERRY SEX			
Devina M. Prince	Staff Assista		,	31 B	er al a la colo	-			
Printed Name 11-11-92	(713 596-768	Title 36	Title						
Date	1,12 3,0-700		1						

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