

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Amoco Production Company</u>	Well API No. <u>30-025-20513</u>
Address <u>P.O. Box 3092, Houston, Tx 77253-3092 (Rm 17.182)</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 10-3-92 change in oil transporter
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>South Mattis Federal B</u>	Well No. <u>15</u>	Pool Name, including Formation <u>Fowler-Fusselman</u>	Kind of Lease State (Federal) or Fee	Lease No. <u>LC-060579</u>
Location				
Unit Letter <u>A</u>	<u>6660'</u>	Feet From The <u>North</u> Line and <u>6660'</u>	Feet From The <u>East</u> Line	
Section <u>22</u>	Township <u>24-S</u>	Range <u>37-E</u>	NMPM, <u>Lee, NM</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipeline Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2648, Houston, Tx 77252</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Sid Richardson Carbon &amp; Gasoline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>201 Main St. Ste 3000, Ft Worth Tx 76102</u>	
If well produces oil or liquids, give location of tanks.	This <u>A</u> Sec. <u>22</u> Twp. <u>24</u> Rgn. <u>37</u>	Is gas actually connected? <u>Yes</u> When? <u>9-5-92</u>

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					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 Tank	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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Devina M. Prince  
Signature  
Devina M. Prince Staff Assistant  
Printed Name  
1-7-93 Date  
(713) 596-7686 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 12 1993  
By Paul Kautz Orig. Signed by  
Geologist  
Title

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.

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Unmended  
Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Amoco Production Company	Well API No. 30-025-20513
Address P. O. Box 3092, Houston, TX 77253-3092	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator	
Change in Transporter of: <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate <input checked="" type="checkbox"/> Casinghead Gas	
Other (Please explain) Change lease name from South Mattix Unit	
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name South Mattix Unit Federal B	Well No. 15	Pool Name, including Formation Fowler Fusselman	Kind of Lease State, Federal or Fee	Lease No. LC-060579
Location Unit Letter A 660' Feet From The North Line and 660' Feet From The East Line Section 22 Township 24S Range 37E NMPM Lea, NM County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Scurlock Permian	<input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648, Houston, TX 77210-4648				
Name of Authorized Transporter of Casinghead Gas Sid Richardson Carbon & Gasoline Company	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 201 Main St., Suite 3000, Ft. Worth, TX 76102				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 22	Twp. 24	Rge. 37	Is gas actually connected? Yes	When? 9-5-92
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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded (Original 8-20-63 Completion)	Date Compl. Ready to Prod. 10-13-92	Total Depth 9900'	P.B.T.D. 7375'					
Elevations (DF, RKB, RT, GR, etc.) 3234 GR	Name of Producing Formation Fowler Fusselman	Top Oil/Gas Pay 7357'	Tubing Depth					
Performances 7357 - 7364' and 7382 - 7392' W/4 JSPE	Depth Casing Shoe							

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13-3/8"	300'	300 SX
12-1/4"	9-5/8"	4378'	430 SX
8-3/4"	7"	9900'	1165 SX

### 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 Tank 10-13-92	Date of Test 10-13-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 298	Gas - MCF 14

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
Devina M. Prince  
Printed Name  
11-11-92  
Date  
Staff Assistant  
(713) 596-7686  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved NOV 17 '92

By JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

### 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.
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