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

DISTRICT II
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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 Amoco Production Company	Well API No. 30-025-20513
Address P. O. Box 3092, Houston, TX 77253	
Reason(s) for Filing (Check proper box) New Well ☐ Other (Please explain) ☐ Recompletion ☒ Change in Transporter of: Change in Operator ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Mattix Unit	Well No. 15	Pool Name, Including Formation Fowler Upper Silurian	Kind of Lease State (Federal) or Fee	Lease No. LC-060579
Location Unit Letter A : 660' Feet From The N Line and 660' Feet From The East Line Section 22 Township 24-S Range 37-E, NMPM, Lea County				

III. 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)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 22	Twp. 24-S	Rge. 37-E	Is gas actually connected? Yes	When ?
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 X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/20/63	Date Compl. Ready to Prod. 4/4/88		Total Depth 9900'		P.B.T.D. 9408'			
Elevations (DF, RKB, RT, GR, etc.) 3243' GL	Name of Producing Formation Fowler Upper Silurian		Top Oil/Gas Pay		Tubing Depth 6881'			
Perforations 7002-7040	4JSPF - Total 152 shots				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	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 1400	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 15/64

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 Phillip W. Hill	Asst. Admin. Analyst
Printed Name 6/12/90	Title 713/596-7614
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved	JUN 18 1990
By	CRISTIAN SIGNED BY JERRY SEXTON
Title	DISTRICT I SUPERVISOR

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 changes of operator, well name or number, transporter, or other such changes.