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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 <b>Amoco Production Company</b>	
Address <b>BOX 68, HOBBS, N. M. 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>RECOMPLETED FROM FOWLER DEV.</b>
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

*Cancel Fowler Dev allow*

Lease Name <b>MNERS "B" 7ed RIAA</b>	Well No. <b>12</b>	Pool Name, Including Formation <b>FOWLER UPPER YESO</b>	Kind of Lease State, Federal or Fee <b>FED</b>	Lease No. <b>NM 7488</b>
Location				
Unit Letter <b>P</b>	<b>557</b>	Feet From The <b>SOUTH</b> Line and <b>557</b>	Feet From The <b>EAST</b>	
Line of Section <b>9</b>	Township <b>24-S</b>	Range <b>37-E</b>	NMPM, <b>LEA</b>	County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
<b>THE PERMIAN CORP (TRUCKS)</b>		<b>MIDLAND TEXAS</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
<b>EL PASO NATURAL GAS CO</b>		<b>Box 1384, JAL N. M.</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>9</b>	Twp. <b>24</b> Rge. <b>37</b>
			Is gas actually connected? <b>yes</b> When <b>5-24-71</b>

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth <b>10568</b>		P.B.T.D. <b>5611'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3266' RDB</b>	Name of Producing Formation <b>UPPER YESO</b>	Top Oil/Gas Pay <b>5434</b>		Tubing Depth <b>5570'</b>					
Perforations <b>5434-5568 VARIOUS INTERVALS</b>		Depth Casing Shoe <b>10644'</b>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
	<b>13 3/8"</b>	<b>305</b>		<b>380</b>					
	<b>8 5/8"</b>	<b>4458</b>		<b>625-25 stage</b>					
	<b>5 1/2"</b>	<b>10644</b>		<b>525 + 250 5x thru</b>					
				<b>perfs. 5640-41'</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 <b>5-23-71</b>	Date of Test <b>5-25-71</b>	Producing Method (Flow, pump, gas lift, etc.) <b>FLOW</b>	
Length of Test <b>20</b>	Tubing Pressure <b>180</b>	Casing Pressure <b>680</b>	Choke Size <b>32/64</b>
Actual Prod. During Test <b>780</b>	Oil - Bbls. <b>300</b>	Water - Bbls. <b>480 BLW</b>	Gas - MCF <b>264</b>

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <b>MAY 25 1971</b> , 19	
BY <b>[Signature]</b>		BY <b>[Signature]</b>	
TITLE <b>AREA SUPERINTENDENT</b>		TITLE <b>SUPERVISOR DISTRICT</b>	
This form is to be filed in compliance with RULE 1104.		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.		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.		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.		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.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.		Separate Forms C-104 must be filed for each pool in multiply completed wells.	