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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

FCAC-390 816

Operator Amoco Production Company	
Address BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Shares Proration Unit w/ well No. 2
Recompletion <input 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

Lease Name SOUTH MATIX UNIT FED		Well No. 26	Pool Name, Including Formation FOWLER UPPER YESO	Kind of Lease FED	Lease No. LC-032450-B
Location					
Unit Letter M	660	Feet From The SOUTH	Line and 660	Feet From The WEST	
Line of Section 15	Township 24-S	Range 37 E	, NMPM,		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)			
SHELL PIPELINE CORP		Box 1910 MIDLAND TEXAS			
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)			
EL PASO NATURAL GAS CO.		Box 1384 JAL N.M.			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 15	Twp. 24	Rge. 37	Is gas actually connected? YES
					When 10-31-73 ^{EDMG} ₍₆₃₂₂₂₀₁₎

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 9-17-73	Date Compl. Ready to Prod. 10-17-73	Total Depth 5803'		P.B.T.D. 5701'					
Elevations (DF, RFD, RT, GR, etc.) 3276 R.D.B.	Name of Producing Formation UPPER YESO	Top Oil/Gas Pay 5202'		Tubing Depth 5555'					
Perforations 5202-5552 VARIOUS INTERVALS		Depth Casing Shoe 5800							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4"	8 5/8"	1060'		750 - Circ					
7 1/8"	5 1/2"	5800'		430					

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 10-22-73		Date of Test 10-31-73		Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24		Tubing Pressure -		Casing Pressure -	
Actual Prod. During Test 363		Oil - Bbls. 143		Water - Bbls. 220 BLW	
				Gas - MCF 156 (400 1090)	

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	
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.	
Ray R. Yakum (Signature) ADMINISTRATIVE ASSISTANT. (Title) NOV 1 1973 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	
TITLE	SUPERVISOR DISTRICT I
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.	
Separate Forms C-104 must be filed for each pool in newly completed wells.	

DEVIATION SURVEYS

DEPTH		DEGREE
500	-	1 °
1060	-	"
1550	-	1 3/4 °
1993	-	2 °
2570	-	1 1/4
2760	-	2 1/2
3073	-	2 1/4
4080	-	2 °
4617	-	2 1/4
5121	-	"
5648	-	1 3/4
5800	-	2 °

The above are true to the best of my knowledge.

Ray R. Yorkum
ADMINISTRATIVE ASSISTANT

Sworn to this date, November 1, 1973.

Barbara Sue Hunter
Notary Public In & For Lea Co. N.M.
My Commission Expires 2-5-74