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

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Amoco Production Company 30-025-26355 P.O. Box 3092, Rm 17.182 Houston. Texas 77253-3092 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: ✓ Dry Gas Recompletion Oil Oil Transporter Change Effective November 1, 1993 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Lease No. South Mattix Unit Federa Fowler Drinkard Federal NM-0321613 Location 1840 South Line and Feet From The _ Feet From The Line 15 Section Township 24-S 37-E Range ,NMPM, Lea, NM County III. DESIGNATION OF TRANSPORTER CFORM AND NATURAL GAS or coffee 194 Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) **EOTT Pipeline Company** P. O. Box 4666, Housotn, TX 77210-4666 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas If well produces oil or liquids, Unit Twp. Is gas actually connected? Sec. Rge. When? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) 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 SACKS CEMENT 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.)

Run To Tank

Date of Test

Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date First New Oil Run To Tank 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 (pitot, 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 OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved NOV 2 9 1993 Leven M. Signature By ORIGINAL SIGNED BY JERRY SEXTON Devina M. Prince Staff Assistant DISTRICT I SUPERVISOR Printed Name 11-15-93 (713) 366-7686 Title Date Telephone No.

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

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 need in multi-