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ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER GAS		
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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: AMOCO PRODUCTION COMPANY

Address: P.O. BOX 68 HOBBS, NEW MEXICO 88240

CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-26-86 UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED ✓

Reason(s) for filing (Check proper box)

- [ ] New Well
- [x] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain): Request Allowable to produce well from Delaware & Designate Transporter of Oil. Well recompleted 3-19-86

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Brantley "B"	1	Wildcat - Delaware	State, Federal or Fee Fee	

Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 24 Township 23-S Range 28-E , NMPM, Eddy 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)
The Permian Corporation	P.O. Box 1183, Houston, TX 77001
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	24	23	28	No	Post ID-2 3-28-86 comp. Del.

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

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. 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 is true and complete to the best of my knowledge and belief.

Beverly A. Otwell
(Signature)
SENIOR ADMINISTRATIVE ANALYST
(Title)
3-22-86
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 25 1986, 19__

BY Original Signed By
Les A. Clements

TITLE Supervisor District II

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 multiply completed wells.

O+5 NMOCD-A; 1-BAO 1-WF 1-JRB 1-FJN

IV. COMPLETION DATA

Recomp. from Bone Springs to Delaware

Designate Type of Completion – (X)	Oil well	Gas well	New well	Workover	Deepen	Plug back	Same res'v.	Diff. Res.
	X		X			X		X

Date Spudded	Date Compl. ~~Recap to Prod.~~ Recomp.	Total Depth	P.B.T.D.
O.C. 11-17-79	3-19-86	13240'	6265'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
2967.8' GL	Delaware	6074'	4003'

Perforations	Depth Casing Shoe
6074'- 6144' (Delaware)	

Existing Casing

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	390'	500 sx Cl. C Circ
14 3/4"	10 3/4"	2692'	2050 sx Lite + 200 sx Cl C
9 1/2"	7 5/8"	10065'	1700 sx Lite + 300 sx Cl C
	2 3/8" tbg	4003'	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-18-86	3-19-86	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.			
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	~~27~~ 80	~~138~~ 424	~~76~~ 146

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**