

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**AMOCO PRODUCTION COMPANY**

Address  
**P.O. Box 68, HOBBS, NM 88240**

Reason(s) for filing (Check proper box)  
 New Well  
 Recompletion  
 Change in Ownership

Change in Transporter of:  
 Oil  
 Casinghead Gas  
 Dry Gas  
 Condensate

CASINGHEAD GAS MUST NOT BE FLARED AFTER 4/1/85 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

Other (Please explain)  
**INITIAL COMPLETION**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **STATE "DQ"** Well No.: **2** Pool Name, including Formation: **MANY GATES WOLFCAMP** Kind of Lease:  State  Federal or Fee Lease No.: **K-5606**

Location: Unit Letter **D** : **330** Feet From The **NORTH** Line and **840** Feet From The **WEST** Line of Section **32** Township **9-S** Range **30-E** , NMPLA, **CHAVES** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
**AMOCO PRODUCTION COMPANY (TRUCKS)** Address (Give address to which approved copy of this form is to be sent)  
**P.O. Box 1183, HOUSTON, TX**

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: **D** Sec.: **32** Twp.: **9-S** Rge.: **30-E** Is gas actually connected? \_\_\_\_\_ When \_\_\_\_\_

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.



(Signature)

**ADMINISTRATIVE ANALYST**

(Title)

**11 APRIL 1985**

(Date)

O&S NMOC - HOBBS 1-JRB, 1-FJN, 1-NLG

OIL CONSERVATION DIVISION

APPROVED **APR 16 1985**

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

TITLE \_\_\_\_\_

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 route taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowables 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug back	Same as prev.	Drill. Res.
		X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
26 JANUARY 1985	9 APRIL 1985		7500'		7,460				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4043.3 GR	WOLFCAMP		7286'		7365'				
Perforations							Depth Casing Shoe		
7286' - 7322'									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12.250"		13 - 3/8"		40'		2 YDS			
8.75"		9 - 5/8"		895'		425 SX			
		5 - 1/2"		7500'		2500 SX			

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 How Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
4-1-85	4-9-85	PUMPING		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 HRS.				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
	20	140	0	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Gauge-10)	Casing Pressure (Educt-10)	Choke Size

APR 15 1985  
 OFFICE