

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104  
Revised 10-01-73  
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 606, CLAYTON, NM 88415

**Reason(s) for filing (Check proper box)**

<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Castinghead Gas	<input type="checkbox"/> Condensate

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name BDCDGU Well	2033	Well No. 081F	Pool Name, including Formation Und Tubb	Kind of Lease State, Federal or Fee	State	Lease No.
Location						
Unit Letter	F	: 1980	Feet From The North	Line and	1980	Feet From The West
Line of Section	8	Township	20-N	Range	33-E	NMPLM, Harding County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Castinghead 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)
Amoco Production Company	P.O. Box 606, Clayton, NM 88415
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	yes 12-12-84

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.

John S McElya  
(Signature)  
Assistant Administrative Analyst  
(Title)  
3-15-85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED 3-22 19 85  
BY [Signature]  
TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with NULC 1104.  
If this is a request for allowable (or a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated route taken on the well in accordance with NULC 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.

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug back	Same hole's v.	Diff. Res
		X	X					
3-6-81	Date Compl. Ready to Prod.	4-5-81		Total Depth	2780'			
(DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		P.B.T.D. 2750'			
5091'	Und Tubb		2516'		Tubing Depth 2481'			
2516' - 2597'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	704'	500 sx class H
7-7/8"	5 1/2"	2770'	850 sx Class H

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 bc for full 24 hours)

New Oil Run To Test	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Test	Tubing Pressure	Casing Pressure	Choke Size
Wd. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
842	24	0	N/A
Method (flow, back pr.)	Tubing Pressure (GHEZ-LB)	Casing Pressure (GHEZ-LB)	Choke Size
Back Pressure	N/A	N/A	N/A