

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 10-01-78  
Format 06-01-83  
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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator AMOCO PRODUCTION COMPANY

Address P. O. Box 606, Clayton, New Mexico 88415

Reason(s) for filing (Check proper box)

New Well  
 Recompletion  
 Change in Ownership

Change in Transporter of:  
 Oil  
 Casinghead Gas  
 Dry Gas  
 Condensate

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>1834 191</u>	Well No. <u>G</u>	Pool Name, including Formation <u>Und. Tubb</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>18N</u> Range <u>34E</u> , NMPM, <u>Union</u> 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 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)
<u>Amoco Production Company</u>	<u>P. O. Box 606, Clayton, NM 88415</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes <u>7-10-85</u>

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.

Jeri Goetsch  
(Signature)  
Clerk  
(Title)  
7-11-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED 7-17, 1985 85

BY Roy Johnson

TITLE DISTRICT SUPERVISOR

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug back	Same res'v.	Diff. Res'v
			X	X					
Date Spudded 6-21-81	Date Compl. Ready to Prod. 7-21-81		Total Depth 2890		P.B.T.D. 2832				
Elevations (DF, RKB, RT, GR, etc.) 4750' GI	Name of Producing Formation Tubb		Top Oil/Gas Pay		Tubing Depth				
Perforations 2494' - 2566'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
8-5/8"	24#		700'		500 SX				
5 1/2"	14#		2875'		187 SX				
2-3/8"			2474						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
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 602	Length of Test 24 hrs.	Bbls. Condensate/ <del>23</del> 24 hrs	Gravity of Condensate
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Gauge-In) 85#	Casing Pressure (Gauge-In) N/A	Choke Size 64/64