

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

Addressee
P. O. Box 606, Clayton, NM 88415

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	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"/> Casinghead 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 1934	Well No. 361G	Pool Name, including Formation Und. Tubb	Kind of Lease State, Federal or Fee State	Lease No. LG-4064
Location Unit Letter G ; 1650 Feet From The North Line and 1650 Feet From The East				
Line of Section 36 Township 19N Range 34E , NMPLA, Union County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

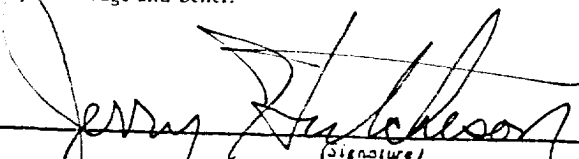
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Amoco Production Company	P. O. Box 606, Clayton, NM 88415
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes 1-26-85

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.

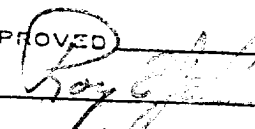
VI. CERTIFICATE OF COMPLIANCE


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.



Sr. Administrative Analyst
(Title)
2-20-85
(Date)

OIL CONSERVATION DIVISION

APPROVED  **2-25**, 19 **85**

BY 

TITLE **Director**

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 deviaton 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 10-22-83	Date Compl. Ready to Prod. 11-21-83		Total Depth 2669'			P.B.T.D. 2491'			
Elevations (DF, RKB, RT, GR, etc.) 4680' GL	Name of Producing Formation Und. Tubb		Top Oil/Gas Pay 2102'			Tubing Depth 2030'			
Perforations 2102' - 2278'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/2"	9 5/8"		723'			390 Class H			
8 3/4"	7"		2800'			800 Class H			

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 bc 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 1877	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) N/A	Casing Pressure (Shut-in) N/A	Choke Size N/A