

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF WELLS DRILLED	
DISTRIBUTION	
SANTA FE	
FILE	<input checked="" type="checkbox"/>
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATION	
PAYMENT OFFICE	

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

Form C-104
Revised 10-01-78
Format 05-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company

Address
P.O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease No. BDCDGU	1835	Well No. 201G	Pool Name, including Formation TUBB	Kind of Lease	Lease No.
Location				State, Federal or Fee	Fee
Unit Letter G	: 1650	Feet From The North	Line and	1650	Feet From The East
Line of Section 20	Township 18-N	Range 35-E	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 Gas <input 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	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 1-26-85

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

NOTE: Complete Parts II 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 G. Goble
Clerk (Signature)
5-19-86 (Date)

OIL CONSERVATION DIVISION

APPROVED BY Roy E. Johnson 86
TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with NULE 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 NULE 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	Flow well	Workover	Deepen	Plug back	Same as prev.	Diff. well
			X						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.				
11-2-83	12-13-83		2958		2800				
Elevations (DF, RNS, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4673 G.L.	tubb.				2800				
Perforations					Depth Casing Shoe				
2446-58, 2461-86, 2488-2518									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2		9-5/8		725		390			
8-3/4		7		2958		Class H			
		3 1/2		2800		700			
						Class H			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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-Data.	Water-Data.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1958	24 hrs	3	N/A
Testing Method (flow, back pr.)	Tubing Pressure (Gauge-10)	Casing Pressure (Gauge-10)	Choke Size
flw	109	0	N/A