

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Amoco Production Company

Address  
P. O. Box 832; Brownfield, TX 79316

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	Other (Please explain) <u>Gas Connection Notice</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/>	<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 Name <u>BDCDGU</u>	<u>1935</u>	Well No. <u>251G</u>	Pool Name, Including Formation <u>BDCDGU 640 Acre Area - Tubb</u>	Kind of Lease State, Federal or Fee	Fee	Lease No. --
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>						
Line of Section <u>25</u> Township <u>19-N</u> Range <u>35-E</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 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 832, Brownfield, TX 79316</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<u>Yes</u> <u>12-15-84</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.

DT Holcomb  
(Signature)  
Sr. Administrative Analyst  
(Title)  
8-24-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] 9-10, 1987

BY [Signature]

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 X	New well	Workover	Deepen	Plug back	Same Res'v.	Diff. Res'v.
Date Spudded 10-28-83	Date Compl. Ready to Prod. 11-28-83		Total Depth 2627'		P.D.T.D.		2505'		
Elevations (DF, RKB, RT, GR, etc.) 4420' GL	Name of Producing Formation Tubb		Top Oil/Gas Pay 2073'		Tubing Depth 1922'				
Perforations 2073'-2136' with 2 SPF							Depth Casing Shoe 2627'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		708'		390 sx Class H				
8 3/4"	7"		2627'		750 sx Class H				
--	3 1/2"		1922'		--				

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 769	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) flowing	Tubing Pressure (Ghg-1h) 291	Casing Pressure (Ghg-1h) 0	Choke Size N/A