

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF WELLS/LEASES	
DISTRIBUTION	
LAND FEE	
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATION	
PACIFIC OFFICE	

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

Form C-104  
Revised 12-31-73  
Format 05-01-83  
Page 1

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	<b>Change In Transporter of:</b>	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change In Ownership	<input type="checkbox"/> Casinthead Gas	

**Other (Please explain)**  
Gas Connection Notice

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

II. **DESCRIPTION OF WELL AND LEASE**

Lease name BDCDGU 2035	Well No. Pool Name, Including Formation 311G TUBB	Kind of Lease State, Federal or Fee fee	Lease No.
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**Location**  
Unit Letter G : 1650 Feet From The north Line and 1980 Feet From The east  
Line of Section 31 Township 20N Range 35E , N.M.P.M., 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 Casinthead 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? Yes when 4-23-86

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

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.

Jean Zolshy (Signature)  
Clerk  
4-25-86 (Date)

OIL CONSERVATION DIVISION

APPROVED 4-29 1986  
BY R. E. Johnson  
TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with NULC 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 deviated tests 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug back	Some heavy	Other	
			X							
Date Spudded	10-12-85	Date Comp. Ready to Prod.		11-19-85		Total Depth	2485			
Direction (DF, RWB, RT, CR, etc.)	4724	Name of Producing Formation		G.L. tubb.		Top Oil/Gas Pay	2410			
Perturbations	2257-88, 2292-2300, 2303-20, 2324-35, 2350-62						Tubing Depth	2126		
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
12 1/4	9-5/8		709		390 SX Class H					
8-3/4	7		2485		750 SX Class H					
	3 1/2		2126							

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 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	Casing Size	
Actual Prod. During Test	Oil-Bois.	Water-Bois.	Gas-MCF	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bois. Condensate/MMCF	Gravity of Condensate
1165	24 hrs	1 blw	N/A
Testing Method (flow, back prod)	Tubing Pressure (Gauge-10)	Casing Pressure (Gauge-10)	Casing Size
flw	63 psi	0	N/A