



June 30, 1993

OIL CONSERVATION DIVISION
RECEIVED

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Amoco Production Company (USA)

NOTICE OF GAS CONNECTION

This is to notify the Oil Conservation Division that connection for purchase of gas from Amoco Production Company's Bravo Dome Carbon Dioxide Gas Unit Well No. 2233-271F, Meter Station No. 632294, located in unit letter F, Section 27, Township 22 North, Range 33 East, Union County, New Mexico, Bravo Dome 640 acre area was made on 2-10-93 by Amoco Production Company. First delivery date: 7-7-93.

Purchaser: Amoco Production Company

Representative:

Willie C. Crickard

Title:

Field Foreman

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator AMOCO PRODUCTION CO.	Well API No. 30-059-20303
Address P.O. BOX 606, CLAYTON NM 88415	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: CO₂ WELL
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name BDCDGV 2233	Well No. 271	Pool Name, including Formation BRAVO DOME-TUBB	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. L-6244
Location				
Unit Letter F	2029	Feet From The NORTH Line and 1960	Feet From The WEST Line	
Section 27	Township 22 NORTH	Range 33 EAST	NMPM	County UNION

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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
AMOCO PRODUCTION CO.	P.O. 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	7-6-93			

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 6-6-93	Date Compl. Ready to Prod. 7-3-93		Total Depth 2296		P.B.T.D. 2296			
Elevations (DF, RKB, RT, GR, etc.) 4781	Name of Producing Formation TUBB		Top Oil/Gas Pay 2158		Tubing Depth N/A			
Perforations 2158 - 2296 OPEN HOLE						Depth Casing Shoe 2158		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 1/2 12 1/4	8 5/8, 24 #	710	450 SK
7 7/8 7 7/8	4 1/2" FIBERGLASS	2158	420 SK

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 Tank	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 2700 MCF/D	Length of Test 1 1/2 hours	Bbls. Condensate/MMCF N/A	Gravity of Condensate N/A
Testing Method (prior, back pr.) PITOT	Tubing Pressure (Shut-in) N/A	Casing Pressure (Shut-in) 175 PSI	Choke Size 2"

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Billy E. Pritchard
Signature
Billy E. Pritchard Field Foreman
Printed Name
7/13/93 **505 374 3053**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **7-13-93**
By *Ty E Johnson*
Title **Senior Petroleum Geologist**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.