

OIL CONSERVATION DIVISION

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

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

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

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

I.

Operator Amoco Production Company		Well API No. 30-021-20253
Address PO BOX 606 CLAYTON NM 88415		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> Other (Please explain) CO2		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name BDCDGL 2132	Well No. 362G	Pool Name, including Formation TUBB - BRAVO DOME 640	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Fee	Lease No. L-5745
Location Unit Letter G : 1965 Feet From The EAST Line and 1975 Feet From The NORTH Line Section 36 Township T21N Range R32E , NMPM, HARDING 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Amoco Production Co.	PO 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?

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	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-28-93	Date Compl. Ready to Prod. 8-25-93	Total Depth 2540	P.B.T.D. 2508					
Elevations (DF, RKB, RT, GR, etc.) 4951	Name of Producing Formation TUBB	Top Oil/Gas Pay 2316	Tubing Depth -					
Perforations 2316-2331, 2346-2386			Depth Casing Shoe 2540					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	685	450
7 7/8	4 1/2 PG	2540	450

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 1500	Length of Test 2 HRS	Bbls. Condensate/MMCF 1.5	Gravity of Condensate
Testing Method (pilot, back pr.) PILOT	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 305 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. Prichard
 Signature
Billy E. PRICHARD FIELD FOREMAN
 Printed Name
8/27/93 **5053743053**
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **9-10-93**
 By **[Signature]**
 Title **DISTRICT SUPERVISOR**

- 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.