

NO. OF LEASES BEING	
DISTRIBUTION	
SANTAFE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PERMITS OFFICE	

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

Form C-104
Revised 12-01-78
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:	Other (Please explain)
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Coolinghead Gas	<input type="checkbox"/> Condensate

Gas Connection Notice

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

II. DESCRIPTION OF WELL AND LEASE

Lease No. <u>BDCDSU 2034</u>	Well No. <u>131K</u>	Pool Name, including Formation <u>TUBB</u>	Kind of Lease State, Federal or Fee fee	Lease No.
Location				
Unit Letter <u>K</u>	: <u>1650</u>	Feet From The <u>south</u>	Line and <u>1650</u>	Feet From The <u>west</u>
Line of Section <u>13</u>	Township <u>20N</u>	Range <u>34E</u>	County <u>Union</u>	

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 Coolinghead 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>Box 606, Clayton, NM 88415</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? <u>Yes</u> when <u>5-19-86</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.

Jeri Jacobsen
Clerk
5-19-86
(Date)

OIL CONSERVATION DIVISION

APPROVED _____
BY _____
TITLE _____

This form is to be filed in compliance with NMC 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 logs taken on the well in accordance with NMC 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 other	Other	
			X							
Date Spudded	11-16-85	Date Compl. Ready to Prod.	1-2-86	Total Depth	2450	P.B.T.D.	2399			
Locations (DF, RAB, AT, CR, etc.)	4690 G.L.	Name of Producing Formation	tubb	Top Oil/Gas Pay		Tubing Depth	2034			
Petitions	2192-2220, 2246-67, 2278-98, 2301-12							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
12 $\frac{1}{2}$	9-5/8		710		1425 SX Class H					
8-3/4	7		2450		1800 SX Class H					
	3 $\frac{1}{2}$		2034							

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tests	Date of Test	Producing Methods (flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Casing Size	
Actual Prod. During Test	Oil-DBS.	Water-DBS.	Gas-MCF	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	DBS. Condensate/MCF	Gravity of Condensate
1151	245 hrs	5 blw	N/A
Testing Method (flow, back prod)	Tubing Pressure (DBS-10)	Casing Pressure (DBS-10)	Casing Size
flw	63 psi	0	N/A