

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.G.E.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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 checked="" type="checkbox"/> New Well	Change in Transporter of:	<u>Request allowable to produce.</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>South Hobbs (GSA) Unit</u>	Well No. <u>204</u>	Pool Name, Including Formation <u>Hobbs GSA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>A-1212-1</u>
Location				
Unit Letter <u>M</u>	: <u>330</u>	Feet From The <u>South</u> Line and	<u>330</u>	Feet From The <u>West</u>
Line of Section <u>5</u>	Township <u>19-S</u>	Range <u>38-E</u>	, NMPLA, <u>Lea</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1008, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>1001 Renbrook, Odessa, TX 79761</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>M 5 19-S 38-E</u> <u>Yes</u> <u>1-10-86</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.

Charles M. Larring
(Signature)
Admin. Analyst (SG)
(Title)
1-20-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 22 1986, 1986
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 <input checked="" type="checkbox"/>	Gas well	New well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.
Date Spudded 12-12-85	Date Compl. Ready to Prod. 1-17-86	Total Depth 4146'		P.B.T.D. 4132'					
Elevations (DF, RKB, RT, GR, etc.) 3612.5' GL	Name of Producing Formation Grayburg-San Andres	Top Oil/Gas Pay 4040'		Tubing Depth 4025'					
Perforations 4040'-4130'				Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	14"	40'	4400 X 135X Padi Mix
12 1/4"	8 7/8"	16 1/4'	10505X C/C
7 7/8"	5 1/2"	4146'	10505X CIA Self Stress I
	2 3/8"	4025'	

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 1-10-86	Date of Test 1-17-86	Producing Method (flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size
Actual Prod. During Test 19 Bbls	Oil - Bbls. 12	Water - Bbls. 7	Gas - MCF 2

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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JAN 21 1986
O.C.
HOBBS OFFICE

INCLINATION REPORT

OPERATOR AMOCO PRODUCTION COMPANY ADDRESS BOX 68 HOBBS, N. M. 88240
 LEASE NAME S.H.U. WELL NO. #204 FIELD
 LOCATION LEA COUNTY, NEW MEXICO

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
489 *	0.25	0.44 *	2.1516
886 *	0.75	1.31 *	7.3523
1358 *	1.00	1.75 *	15.6123
1616 *	0.75	1.31 *	18.9921
2106 *	1.25	2.18 *	29.6741
2542 *	1.50	2.62 *	41.0973
3015 *	2.00	3.49 *	57.6050
3480 *	2.00	3.49 *	73.8335
3946 *	2.50	4.36 *	94.1511
4131 *	2.75	4.80 *	103.0311

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Nanci Jenkins
 TITLE Nanci Jenkins/Drilling Secretary

AFFIDAVIT:

Before me, the undersigned authority, appeared NANCI JENKINS
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief such
 well was not intentionally deviated from the true vertical whatsoever.

Nanci Jenkins
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 31 day of Dec, 1980

SEAL

Paul R. Taylor
 Notary Public in and for the County of
 Midland, State of Texas

RECORDED
JAN 21 1986
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