

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
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 606, Clayton, New Mexico 88415

Reason(s) for filing (Check proper box)

☒ New Well

☐ Recompletion

☐ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Casinghead Gas

☐ Dry Gas

☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name

1833 0416

Well No.

Und. Tubb

Pool Name, including Formation

Kind of Lease

State, Federal or Fee

Lease No.

Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 4 Township 18N Range 33E , NMPM, Harding County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

Amoco Production Company

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?

Yes

When

7-16-85

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.

Danny Holcomb
(Signature)
Administrative Supervisor
(Title)
7-16-85
(Date)

OIL CONSERVATION DIVISION

APPROVED 7-26 1985

BY R. E. Johnson

TITLE DISTRICT SUPERVISOR

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 logs 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	Gas well	Flow well	Workover	Deepen	Plug back	Same reserv.	Diff. reserv.
Date Spudded	6-14-81	Date Compl. Ready to Prod.	6-18-81	Total Depth	2730	P.B.T.D.	2729		
Elevations (DF, RKB, RT, GR, etc.)	4765' GI	Name of Producing Formation	Tubb	Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	8-5/8"		702'		500				
	5 1/2"		2730'		900				
	2-7/8"		2267'						

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 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	Testing Procedure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Data.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF PD	Gravity of Condensate
2339	24 hrs.	4	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Gust-1a)	Casing Pressure (Gust-1a)	Choke Size
Back Pressure	N/A	N/A	N/A