

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 05-01-83
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DISTRIBUTION	
LAND OFFICE	
TRANSPORTER	CIL
OPERATION	GAS
PROMOTION OFFICE	

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	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease No. BX0601933 361G	Well No. Pool Name, including Formation Und. Tubo	Kind of Lease ☒ State, ☐ Federal or Fee	Lease No.
Location			
Unit Letter G	: 1980 Feet From The North Line and 1650 Feet From The East		
Line of Section 36	Township 19N	Range 33E	County Harding

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 liquid, give location of tanks.	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.

Denny Holcomb
(Signature)

Administrative Supervisor

7-16-85

(Date)

OIL CONSERVATION DIVISION

APPROVED **7-26**, 19 **85**
BY *[Signature]*
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 tests taken on the well in accordance with RULE 1111.

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 nesty	Diff. nesty
Date Drilled	Date Complet. Ready to Prod.		Total Depth		P.B.T.D.				
9-24-83			2858'		2749'				
Elevations (DF, F&B, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4840' GL	Tubb								
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	9-5/8"		722'		375 SX				
	7"		2858'		900 SX				
	3 1/2"		2474'						

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 Flow Oil Run To Tanks	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
563	22 hrs	0	N/A
Flowing Method (pilot, back pr.)	Tubing Pressure (Ghest-1a)	Casing Pressure (Ebut-1a)	Choke Size
Back Pressure	N/A	N/A	N/A