

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Originator
AMOCO PRODUCTION COMPANY
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 Block 1833 161G Well No. Und. Tubb Pool Name, including Formation
Location Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East
Line of Section 16 Township 18N Range 33N , NMPM, Harding County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Amoco Production Company
Address (Give address to which approved copy of this form is to be sent)
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 numbers:
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 19 85
BY Roy 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 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	Gas well	Flow well	Workover	Deepen	Plug back	Same resist.	Diff. Resist.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
11-18-83	12-22-83		2805		2685				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4750' GL	Tubb								
Perforations					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	9-5/8"		701'						
	7"		2805'						
	3 1/2"		2446'						

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 Tests	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	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
518	26	2	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Ghst-in)	Casing Pressure (Ghst-in)	Choke Size
Back Pressure	N/A	N/A	N/A