

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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. OPERATOR
AMOCO PRODUCTION COMPANY

ADDRESSES
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 Name Bocogu 1833 231K	Well No.	Pool Name, Including Formation Und. Tubb	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter K	: 1980	Feet From The South Line and 1980	Feet From The West	
Line of Section 23	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?		When
Yes		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 *Roy Johnson* **7-26**, 1985
BY
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	New well	Workover	Deepen	Plug back	Same heavy	Diff. heavy
Date Spudded 10-26-84		Date Compl. Ready to Prod.		Total Depth 2832		P.B.T.D. 2768			
Elevation (DF, RKB, RT, GR, etc.) 4750' GL		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		
	9-5/8"			724'			390 SX		
	7"			2832'			1100 SX		
	3 1/2"			2370'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Ebbs.	Water-Ebbs.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D 274	Length of Test 24 hrs.	Ebbs. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (EBUT-1in) N/A	Casing Pressure (EBUT-1in) N/A	Choke Size N/A

(One Copy Must Be Filed With Each Completion Report.)

T 18N R 33E Sec 23 "K"

RECORD OF INCLINATION

[illegible]

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 2832 feet = 38.75 feet.
19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? No

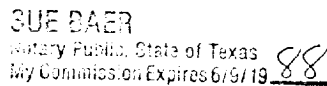
The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the above results.

Drilling Contractor Baker & Taylor Drilling Co.

By David P. Myers

Subscribed and sworn to before me this 7 day of November 1984

Notary Public



My Commission Expires:

Potter County, Texas