STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE | | |
| TRANSPORTER OIL | | |
| TRANSPORTER GAS | | |
| OPERATOR | | |
| PRORATION OFFICE | | |

# OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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)
- [XX] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| BDCOGU 1833 091G | | Und. Tubb | State, Federal or (Fee) | |

Location
Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East

Line of Section 9 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 [XX] 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? | 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 7-26, 19 85
BY Roy 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 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 resv. | Diff. Resv |
|---|---|---|---|---|---|---|---|---|
| | | X | X | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 10-6-84 | 10-18-84 | 2753 | 2701 |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 4740' GL | Tubb | | |

| Perforations | Depth Casing Shoe |
|---|---|
| | |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| | 9-5/8" | 714 | 390 SX |
| | 7" | 2757 | 1250 SX |
| | 3½" | 2347 | |

## 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 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~~ PD | Gravity of Condensate |
|---|---|---|---|
| 1054 | 28 hrs | 2 | N/A |
| **Testing Method (pilot, back pr.)** | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| Back Pressure | N/A | N/A | N/A |

WELL NAME AND NUMBER BDCDGU 1833-091G

LOCATION T 18N R 33E, Sec 9 "G"
(New Mexico give U, S, T, & R; Texas give S, Blk., Sur. & Twp. when required)

OPERATOR AMOCO Production Co.

DRILLING CONTRACTOR Baker & Taylor Drilling

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 following results:

| Degrees @ Depth | Degrees @ Depth | Degrees @ Depth | Degrees @ Depth |
|---|---|---|---|
| ¼° 400 | | | |
| ¼ 700 | | | |
| ½ 1175 | | | |
| ¾ 1590 | | | |
| ½ 2070 | | | |
| 1 2370 | | | |
| 1 2730 | | | |
| TD 2742 | | | |

Drilling Contractor Baker & Taylor Drlg

By David P. Myers

Subscribed and sworn to before me this 5th day of November 1984

Sue Baer
Notary Public

SUE BAER
Notary Public, State of Texas
My Commission Expires 6/9/19 88

My Commission Expires:

Potter County, Texas