

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Amoco Production Company</u>		Well API No. <u>30-021-20240</u>
Address <u>PO Box 606 CLAYTON NM 88415</u>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <u>CO₂</u>		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>BDCDGU 2033</u>	Well No. <u>331G</u>	Pool Name, including Formation <u>TUBB - BRAVO DOME 640</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>G</u>	<u>1650</u>	Feet From The <u>NORTH</u> Line and <u>1650</u>	Feet From The <u>EAST</u> Line	
Section <u>33</u>	Township <u>T20N</u>	Range <u>R33E</u>	NMPM, <u>HARDING</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Amoco Production Co.</u>	<u>PO Box 606 CLAYTON NM 88415</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<u>YES</u>	
If this production is commingled with that from any other lease or pool, give commingling order number: _____						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
			<input checked="" type="checkbox"/>					
Date Spudded <u>5-23-93</u>	Date Compl. Ready to Prod.		Total Depth <u>2417</u>		P.B.T.D. <u>2417</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4917</u>	Name of Producing Formation <u>TUBB</u>		Top Oil/Gas Pay <u>2316</u>		Tubing Depth <u>—</u>			
Perforations <u>2316-2417 OPEN HOLE</u>					Depth Casing Shoe <u>2417</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4</u> <u>7 7/8</u>	CASING & TUBING SIZE <u>8 5/8</u> <u>4 1/2 FG</u>		DEPTH SET <u>705</u> <u>2316</u>		SACKS CEMENT <u>450</u> <u>470</u>			

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 Tank	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 <u>970</u>	Length of Test <u>2 HRS</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>PILOT</u>	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size <u>2"</u>

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Billy E. Prichard
Signature
BILLY E. PRICHARD FIELD FOREMAN
Printed Name
8/16/93 Title
5053743053
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 10-12-93

By [Signature]

Title DISTRICT SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.