Submit 5 Copies
Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Hexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TRANS	SPORT OIL	L AND NA	TURAL G					
Amaco Produc	1			apina 30-021-20256					
Address PO Box 606	Clayton Nr	y 88	3415						
Reason(s) for Filing (Check proper box				er (Please expl	ain)	• • • • • • • • • • • • • • • • • • • •			
New Well	Change in Trai	asporter of:	-	•	•				
Recompletion		Gas	CO	3 .					
Change in Operator		ndensate							
If change of operator give name and address of previous operator	· · · · · · · · · · · · · · · · · · ·		···········						
II. DESCRIPTION OF WEL	LANDIEACE								
Lease Name		al Nome Institut							
BDCDGU 2133		Name, includi Brown]	Dome -	640		of Lease Federal on Fee	L	ease No.	
Unit Letter	: 1978 Fee	t From The	East Lim	and 202	<u> 21 </u> Fe	set From The N	orth	Line	
Section OH Town	iship T21N Ran	180 R33F	E , N	UPM, 4	fardin	9		County	
III. DESIGNATION OF TRA	ANSPORTER OF OIL A	AND NATTI	DAL CAS			•			
Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)								nt)	
Name of Authorized Transporter of Car	address to wi	ess to which approved copy of this form is to be sent)							
							881	<u>H6</u>	
If well produces oil or liquida, give location of tanks.	N/A UES								
If this production is commingled with th	at from any other lease or pool,	give comming		KET.				<u> </u>	
IV. COMPLETION DATA	Oil Well	Gas Weil	New Well	Workover	Deepen	Plug Back San	. 9 '	b.«a.	
Designate Type of Completic	on - (X) Date Compt. Ready to Proc	X	Total Depth			riug Back San	E K69 A	Diff Resiv	
6/25/93	7/29/93	7/29/93		2568		P.B.T.D. 2568			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay 2508			Tubing Depth		
Perforations LUDD		0.800			N/H Depth Casing Shoe				
	TURBIC CA	CDIC AND	CEL CEL CEL	<u></u>			·		
HOLE SIZE		TUBING, CASING AND							
1274		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
9170	778	778		681		450			
178	472	4 1/1		2568			<u>550</u>		
V. TEST DATA AND REQU	EST FOR ALLOWARD	E							
OIL WELL Test must be after	EST FUR ALLUWABL	ille and and annual	.	4. 14					
Date First New Oil Russ To Tank	Date of Test	be equal to or exceed top allowable for this depth or be for full 24 hours.)							
	Date of 165				Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbla.			Gas- MCF			
GAS WELL			<u> </u>		· · · · · · · · · · · · · · · · · · ·	L			
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condens			Gravity of Conde	neste		
1800	2 HRS			1800					
Testing Method (pilos, back pr.)	Tubing Pressure (Shut-in)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in) 105 PST		Choke Size			
VI OPERATOR CERTIFIE	CATE OF CO.		10	الك ٦ ددر	-	2"			
VI. OPERATOR CERTIFI	CATE OF COMPLIA	INCE			0-01				
I hereby certify that the rules and regulations of the Oil Conservation Division have been comptied with and that the information given above				OIL CONSERVATION DIVISION					
is true and complete to the best of m	NI UNK ENG INFORMATION given abo	DA6				0 - 0-			
varques to the oper of ill	y married and relief.		Date	Approved	d8	2-5-93			
				910					
Signature				By Ty Clohum					
Signature E. PRIC									
Printed Name	Title	OREMAN	Title_	THE DISTRICT SUPERVISOR					
Date	505,3743		1100-					N-T	
J.46	Telephone	: No.	11						

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

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