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

State of the leave Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TRANSPOR	RT OIL	AND NA	TURAL GA				· -	
AMOCO PRODUCTION CO.							APINa D-021-20259		
	6 CLAYTON,	N-	M. 88	415					
Reason(s) for Filing (Check proper box) New Well Recompletion	Change in Transporter Oil Dry Gas			es (Please expla	un)	1907 1 3700		-	
Change in Operator	Casinghead Gas Condensate					·			
If change of operator give name and address of previous operator			·					<u> </u>	
II. DESCRIPTION OF WELL Lease Name		, Includi	ng Formation		Kind	of Lease	i La	tase No.	
BOCOGU 2133	061 BRAV	0 00	OME-7	UBB	State,	Federal or Fee	1-5	749	
Unit Letter 67 : 2002 Feet From The EAST Line and 1996 Feet From The NORTH Line									
Section 6 Township 2/N Range 33 E NMPM, HAROING 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 Casin AMOCO PRODUCT									
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge.	Is gas actually connected? When?						
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 V	Well	New Well	Workover	Deepea	Plug Back Sau	me Res'v	Diff Res'v	
Date Spudded 6-11-93	Date Compl. Ready to Prod.		Total Depth 2625			P.B.T.D. 2625			
Elevations (DF, RKB, RT, GR, etc.) 5007 GR	Name of Producing Formation 7088	Top Oil/Gas Pay 23/6/2			Tubing Depth				
Perforations			DO 44			Depth Casing Shoe			
	TUBING, CASING	AND	CEMENTIN	IC DECORE	<u> </u>	24	25		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT				
12 1/4	8 5/8	707			400 SK				
7 7/8	412	2625			550 SK				
V. TECT D. C AID DOOLS					· · · · · · · · · · · · · · · · · · ·				
V. TEST DATA AND REQUES OIL WELL (Test must be after t			.	4. 14					
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 Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)							ull 24 hour	s.)	
Length of Test	Tubing Pressure	Casing Pressur			Choke Size				
Actual Prod. During Test	Oil - Bble.		Water - Bbis			Gas- MCF			
	0.1 - 50.2								
GAS WELL Actual Prod. Test - MCF/D									
372	Length of Test 2 14C5		Bbis. Condensess/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shus-in)			Choke Size			
VL OPERATOR CERTIFIC	ATE OF COMPLIANCE					<u> </u>		i	
I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my!	ations of the Oil Conservation that the information given shows		C	IL CON	SERVA	ATION DI	VISIO	N	
Bille & Karley			Date Approved						
Signature POINTERN TOTAL TOTAL			By 57 Ephn						
Printed Name/ Printed Name/ 8/16/83 5053743053				Title DISTRICT SUPERVISOR					
Date	00374305. Telephone No.	<u> </u>		-					

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.