

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

I.

Operator AMOCO PRODUCTION CO.	Well API No. 30-021-20260
Address P.O. BOX 606, CLAYTON, NEW MEXICO 88415	
Reason(s) for Filing (Check proper box) New Well ☒ ☐ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ ☐ Other (Please explain)	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BODUGU 2133	Well No. 081	Pool Name, including Formation BRAVO COME - TUBB	Kind of Lease ☒ Lease Federal or Fee	Lease No. L-5749
Location Unit Letter G : 1762 Feet From The EAST Line and 1971 Feet From The NORTH Line Section 8 Township 21 N. Range 33 E. NMPM. 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 CO.	P.O. BOX 606 CLAYTON NM 88415					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw.	Rge.	Is gas actually connected?	When?
					YES	
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
		☒	☒					
Date Spudded 6-30-93	Date Compl. Ready to Prod.		Total Depth 2471		P.B.T.D. 2471			
Elevations (DF, RKB, RT, GR, etc.) 4884 GR	Name of Producing Formation TUBB		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe 2471			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 718		SACKS CEMENT 450 SX			
7 7/8	4 1/2		2471		522 SX			

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 1065	Length of Test 2 Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) PITOT	Tubing Pressure (Shut-in) N/A	Casing Pressure (Shut-in) 310	Choke Size 2"

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.

Signature **Billy E. Prichard**
Printed Name **Billy E. Prichard** Field Foreman
Date **8/23/93** Telephone No. **505 374 3057**

OIL CONSERVATION DIVISION

Date Approved **9-21-93**
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.