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

STATE OF THE TEXAL Energy, Minerals and Natural Resources Department

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

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. TO TRANSPORT OIL AND NATURAL GAS				
Amoco Produc	tion Company		10-021-20264	
Address PO Box 606	Clayton NM	88415	0010001	
Reason(s) for Filing (Check proper box)	eisefien, Mit	Cher (Please explain)		
New Well	Change in Transporter of:		:	
Recompletion	Oil Dry Gas	CO2		
Change in Operator				
	Casinghead Gas Condensate			
If change of operator give name and address of previous operator				
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.				
BDCDGU 2133			Federal of Fee L-5750	
Location G 1974 - Foot 2074 - North				
14 TOIN - PRIE HORING				
)				
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)				
	e of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form u to be sent)			
Hmoco troduc		PO Box 606 Clayton NM 88415		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When	7	
If this production is commingled with that from any other lease or pool, give commingling order number:				
IV. COMPLETION DATA				
Designate Time of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v	
Designate Type of Completion		<u> </u>	i i !	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
6/28/93 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	2630	
4868	Tubb	2410	Tubing Depth	
Perforations		Di Tie	Depth Casing Shoe	
2410-2430, 2437-2464			2630	
	TUBING, CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12/4	85/8	682	450	
7 1/8	4 1/2 FG	2630	535	
			(1500)	
V TEST DATA AND DECUEST FOR ALLOWARD				
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 to all number of total volume of tota				
7,1		e equal to or exceed top allowable for this depth or be for full 24 hours.)		
July 10 tall 10 tall	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	
		Water - Dork	Cap MCF	
GAS WELL		<u> </u>	L	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
590	2 HRS	.59	Gravity of Containing	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-is)	Choke Size	
PILOT	_	205 PSI	2"	
VL OPERATOR CERTIFICATE OF COMPLIANCE				
I hereby certify that the rules and regula	Nions of the Oil Conservation	OIL CONSERVATION DIVISION		
Division have been complied with and that the information given above		OLD DOLLOW HOLD IN IOLO IN		
is true and complete to the best of my knowledge and belief.		Data Annual 8/20/03		
At the state of th		Date Approved 8/20/93		
Marie Commence		- (x 91.0		
BILLY E. PRICHARD FIELD FOREMAN		By Dy Chohum		
Printed Name PRICHARD FIELD FOREMAN		THE DISTRICT SUPERVISOR		
5/17/12	<u> </u>	Title DISTRICT SU		
Date	Telephone No.			

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
- 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.