

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Amoco Production Company		Well API No. 30-021-20272
Address PO Box 606 CLAYTON NM 88415		
Reason(s) for Filing (Check proper box)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) CO2
Recompletion	<input type="checkbox"/>	
Change in Operator	<input type="checkbox"/>	
	Oil	<input type="checkbox"/> Dry Gas <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>BDCD GU 2133</u>		Well No. <u>261J</u>	Pool Name, Including Formation <u>TUBB - BRAVO DOME 640</u>	Kind of Lease State, Federal or <u>(C)</u>	Lease No.
Location					
Unit Letter <u>J</u> : <u>2007</u>		Feet From The <u>EAST</u> Line and <u>1991</u> Feet From The <u>SOUTH</u> Line			
Section <u>26</u> Township <u>T21N</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)	
Amoco PRODUCTION CO.					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?
					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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-25-93	Date Compl. Ready to Prod. 8-25-93		Total Depth 2710			P.B.T.D. 2710			
Elevations (DF, RKB, RT, GR, etc.) 5046	Name of Producing Formation TUBB		Top Oil/Gas Pay 2438			Tubing Depth -			
Perforations 2438-2445, 2452-2464, 2490-2514, 2517-2525, 2529-2533						Depth Casing Shoe 2710			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2 FG		DEPTH SET 688 2710			SACKS CEMENT 450 575			
V. TEST DATA AND REQUEST FOR ALLOWABLE									

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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

GAS WELL

Actual Prod. Test - MCF/D 4300	Length of Test 2 HRS	Bbls. Condensate/MMCF 4.3	Gravity of Condensate
Testing Method (pilot, back pr.) PILOT	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 330 PSI	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.

Billy E. Prechare

Signature Billy E. PRICHARD FIELD FOREMAN
Printed Name _____ Title _____
Date 8/27/93 5053743053
Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved 9-10-93

By Hy E. Brown

Title DISTRICT SUPERVISOR

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.