

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-73
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
AMOCO PRODUCTION COMPANY

Address
P.O. BOX 606, CLAYTON, NM 88415

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ casinghead Gas	☐ Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Number BDCDGU Well 1935	Well No. 331F	Pool Name, including Formation Und Tubb	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter F	1880	Feet From The North	Line and 1980	Feet From The West
Line of Section 33	Township 19-N	Range 35-E	NMPL, Union	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 Company	P.O. 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 12-14-84

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

John S. McElyea
(Signature)

Assistant Administrative Analyst

3-15-85

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED *[Signature]* 3-22, 1985

BY *[Signature]*
TITLE *[Signature]* DIVISION SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

COMPLETION DATA

Type of Completion - (X)	Oil Well	Gas Well	Water Well	Workover	Reopen	Refracture	Other
		X	X				
Date	Date Compl. Ready to Prod.		Total Depth		Perfor. Depth		
4-26-81	5-14-81		2505'		2392'		
Perf. ID, RCB, RT, CR, etc.	Name of Producing Formation		Top of Gas Pay		Tubing Depth		
454' GL	Und Tubo		2036'		2012'		
2036'-2164' tubb					Depth of Gas Shoe		

TUBING, CASING AND CEMENTING RECORD			
INCH SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS OF CEMENT
12"	8-5/8"	72'	00 SX 8 5/8 H
7-7/8"	5 1/2"	2498'	00 SX 5 1/2 H

DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of liquid and must be equal to or greater than depth of test or be for full 24 hours)

How Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Test	Tubing Pressure	Casing Pressure	Gravel Size
During Test	Oil-Grav.	Water-Grav.	Gravel Size

1. Test - SCF/D	Length of Test	2. Gas Condensate/MMSCF	Gravel Size Condensate
1157	24	3	N/A
Method - Flow, Gas, etc.	Tubing Pressure (Static-In)	Casing Pressure (Static-In)	Gravel Size
ck Pressure	N/A	N/A	N/A