

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company	Well API No.
Address P. O. Box 3092; Houston, TX 77253	
Reason(s) for Filing (Check proper box) New Well ☐ / Other (Please explain) ☒ Gas Connection Notice Recompletion ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ 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 Bravo Dome Carbon Dioxide Gas Unit 2134	Well No. 361J	Pool Name, including Formation BDCDGU - 640 Acre Area - Tubb	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>J</u> : 1980 Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>36</u> Township <u>21N</u> Range <u>34E</u> , <u>NMPM</u> , <u>Union</u> 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 3092; Houston, TX 77253	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rgs.
Is gas actually connected?		When?
Yes		5-19-86

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
		X						
Date Spudded 4-9-81	Date Compl. Ready to Prod.		Total Depth 3223		P.B.T.D. 2362			
Elevations (DF, RKB, RT, GR, etc.) 4736 G.L.	Name of Producing Formation tubb		Top Oil/Gas Pay		Tubing Depth 2123			
Perforations 2310-16, 2320-32, 2342-46, 2348-57					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	700	
8-3/4	5 1/2	3223	500 Class H
	2-7/8	2123	1000 Class H

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 1025	Length of Test 24 hrs.	Bbls. Condensate/MMCF 83	Gravity of Condensate N/A
Testing Method (pilot, back pr.) flw	Tubing Pressure (Shut-in) 110	Casing Pressure (Shut-in) -0-	Choke Size N/A

L 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
Mark Randolph Admin. Analyst (SG)
Printed Name
MARK RANDOLPH
Date
JUNE 13 1991
Title
713/556-3216
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 7-1-91

By [Signature]
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.