

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 05-01-83
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY	
Address P. O. Box 606, Clayton, NM 88415	
Reason(s) for filing (Check proper box)	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

ILLEGIBLE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name BDCDGU Well 1834	Well No. 021B	Pool Name, including Formation Und. Tubb	Kind of Lease State, Federal or Fee State	Lease No. L-6264
Location				
Unit Letter B	: 660	Feet From The North	Line and 1980	Feet From The East
Line of Section 2	Township 18N	Range 34E	NMPLA, Union	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

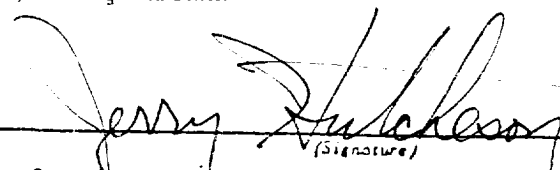
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (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 1-26-85

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.


(Signature)

Sr. Administrative Analyst

(Title)
2-20-85

(Date)

OIL CONSERVATION DIVISION

APPROVED 2-25, 19 85
BY [Signature]
TITLE Director

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
			X	X					
Date Spudded 10-26-83	Date Compl. Ready to Prod. 11-23-83	Total Depth 2748'			P.B.T.D. 2605'				
Elevations (DF, RKB, RT, GR, etc.) 4732' GI	Name of Producing Formation Und. Tubb	Top Oil/Gas Pay 2157'			Tubing Depth 2088'				
Perforations 2157' - 2332'					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/2"	9 5/8"		723'		390 Class H				
8 3/4"	7"		2748'		850 Class H				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	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 3567	Length of Test 24	Bbls. Condensate/MMCF 6	Gravity of Condensate N/A
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Chart-in) N/A	Casing Pressure (Chart-in) N/A	Choke Size N/A