

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
AMOCO PRODUCTION COMPANY

Addressee  
P. O. Box 606, Clayton, NM 88415

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<b>ILLEGIBLE</b>
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name BDCDGU Well 1838	Well No. 121M	Pool Name, including Formation Und. Tubb	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter M ; 990 Feet From The South Line and 990 Feet From The west				
Line of Section 12 Township 18N Range 34E, NMPLM, Union County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

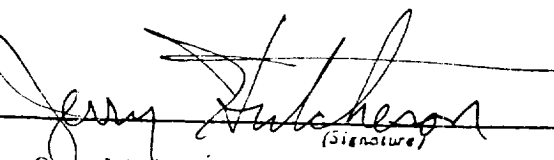
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (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.	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)  
2-18-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED 2-25, 1985  
BY  
TITLE DIST

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 Res'v.	Diff. Res'v.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
12-17-83	2-7-84		2750'			2688'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
4765' GL	Und. Tubb		2483'			2378'			
Perforations						Depth Casing Shoe			
2483' - 2597'									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/2"	9 5/8"		700'		390 Class H				
8 3/4"	7"		2750'		1000 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2901	24	4	N/A
Testing Method (prior, back pr.)	Tubing Pressure (Chart-In)	Casing Pressure (Chart-In)	Choke Size
Back Pressure	N/A	N/A	N/A