

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PROMOTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 05-01-83
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 Name <u>BDCDGU Well 1934</u>	Well No. <u>291G</u>	Pool Name, including Formation <u>Und. Tubb</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>G</u>	Feet From The <u>1650</u>	North	Line and <u>1650</u>	Feet From The <u>East</u>
Line of Section <u>29</u>	Township <u>19N</u>	Range <u>34E</u>	NMPLM <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)
<u>AMOCO PRODUCTION COMPANY</u>	<u>P. O. Box 606, Clayton, NM 88415</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected?
	<u>Yes</u>
	When <u>1-9-85</u>

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 D. McElroy
(Signature)

Assistant Administrative Analyst
(Title)

3-13-85
(Date)

OIL CONSERVATION DIVISION

APPROVED 3-22 19 85
BY [Signature]
TITLE DISTRICT 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug back	Same resv.	Diff. Resv.
			X	X					
Date Spudded 9-13-84	Date Compl. Ready to Prod. 9-25-84	Total Depth 2814'			P.B.T.D. 2711'				
Elevations (DF, RKB, RT, GR, etc.) 4930' GL	Name of Producing Formation Und. Tubb	Top Oil/Gas Pay 2327'			Tubing Depth 2203'				
Perforations 2327' - 2532' Tubb						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT				
12 1/2"	9 5/8"	718'			390 Class H				
8 3/4"	7"	2814'			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 density 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 344	Length of Test 21	Bbls. Condensate/MMCF 8	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (GHE-1a) N/A	Casing Pressure (EBUT-1a) N/A	Choke Size N/A