

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 12-01-78
Format 05-01-23
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DISTRIBUTION	
SANTA FE	
FILE	☒
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATION	
PERMITTING OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Owner**
Amoco Production Company

Address
P.O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

☐ New Well	☐ Change In Transporter of:	☐ Other (Please explain)
☐ Recompletion	☐ Oil ☐ Dry Gas	Gas Connection Notice
☐ Change In Ownership	☐ casinghead Gas ☐ Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease No.	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
BDCDGU 1834	211G	TUBB	State, Federal or Fee fee	
Location				
Unit Letter	Feet From The		Line and	Feet From The
G	1650		North	1650 East
Line of Section	Township	Range	Union	
21	18-N	34-E	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	Box 606, Clayton, NM 88415
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
	Yes 8-15-85

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.

Jane Goodhue
Clerk (Signature)
5-19-86 (Date)

OIL CONSERVATION DIVISION

APPROVED 6-17 86
BY Roy E. Johnson
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. (to be 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 filled 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 as prev. Well
			X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10-9-84	10-23-84		2922		2834			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4750 G.L.	tubb.				2834			
Perforations					Depth Casing Shoe			
2532-2560								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2	9-5/8		726		1390 Class H			
8-3/4	7		2927		1400 Class H			
	3 1/2		2834					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load off 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 Pric. During Test	Oil-Gels.	Water-Gels.	Gas-MCF

GAS WELL

Actual Pric. Test-MCF/D	Length of Test	Dble. Condensate/MSCF	Gravity of Condensate
138	24 hrs	0	N/A
Testing Method (flow, back pr.)	Tubing Pressure (DWT-12)	Casing Pressure (DWT-12)	Choke Size
flw	113	0	N/A