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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
93 FEB 19 11 08 53

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <i>Amoco Production Company</i>	Well API No. <i>30-531-2000</i>
Address <i>P.O. Box 606 Clayton, New Mexico 88415</i>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
<input type="checkbox"/> Change in Operator	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>BDCDCU 2135291G</i>	Well No.	Pool Name, Including Formation <i>Tubb</i>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <i>G</i>	<i>1980</i>	Feet From The <i>N</i>	Line and <i>1980</i>	Feet From The <i>E</i>
Section <i>29</i>	Township <i>21 N</i>	Range <i>35 E</i>	NMPM, <i>Union County</i>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <i>Amoco Production</i>	<input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 606 Clayton, New Mexico 88415</i>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<i>Yes</i>	

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
		<i>X CO₂</i>						
Date Spudded <i>9/6/85</i>	Date Compl. Ready to Prod. <i>10/23/85</i>	Total Depth <i>3173</i>	P.B.T.D. <i>3060</i>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <i>Tubb</i>	Top Oil/Gas Pay	Tubing Depth <i>1920</i>					
Perforations <i>2142-2225</i>			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<i>12 1/4</i>	<i>9 5/8 CS9</i>	<i>700</i>	<i>400</i>					
<i>8 3/4</i>	<i>7" CS9</i>	<i>3176</i>	<i>1350</i>					
	<i>3 1/2 TB9</i>	<i>1920</i>						

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 <i>2500 mcf/d</i>	Length of Test <i>24 hr</i>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <i>Artificial back pr.</i>	Tubing Pressure (Shut-in) <i>2177 PSIG</i>	Casing Pressure (Shut-in) <i>0</i>	Choke Size

VI. 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
Billy E. Fritzsche
Printed Name
Billy E. Fritzsche
Date
2-22-93
Title
District Supervisor
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
2-24-93

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.



Amoco Production Company (USA)

February 10, 1993

NOTICE OF GAS CONNECTION

This is to notify the Oil Conservation Division that connection for purchase of gas from Amoco Production Company's Bravo Dome Carbon Dioxide Gas Unit Well No. 2135-291G, Meter Station No. 632276, located in unit letter G, Section 29, Township 21 North, Range 35 East, Union County, New Mexico, Bravo Dome 640 acre area was made on 2-10-93 by Amoco Production Company. First delivery date: 2-11-93.

Purchaser: Amoco Production Company

Representative: Billy E. Friehs

Title: Field Foreman