

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PRODUCTION OFFICE	☐

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

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
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	Gas Connection Notice
☐ Change in Ownership	☐ casinghead Gas	☐ Dry Gas
	☐ Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Number BDCDGU 1835 321F	Well No. TUBB	Pool Name, including Formation	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F ; 1650 Feet From The north Line and 1980 Feet From The west Line of Section 32 Township 18N Range 35E , NMPL, Union 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? Yes When 1-2-86

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.

Jan G. Spolsky
Clerk (Signature)
1-6-85
(Date)

OIL CONSERVATION DIVISION

APPROVED 1-7, 19 86
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 as prev. Well	Refr.
			X						
Date Spudded	9-27-85	Date Compl. Ready to Prod.	11-19-85	Total Depth	2637	P.S.T.D.	2550		
Perforations (DF, RKB, RT, GR, etc.)	4625 G.L.	Name of Producing Formation	tubb.	Top Oil/Gas Pay		Tubing Depth	2637		
Perforations	2424-30, 2434-81						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9-5/8	690	390 Class H
8-3/4	7	2637	550 Class H Neat

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
First Test Run To Test	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Testing Procedure	Casing Procedure	Casing Size
Actual Prod. During Test	Oil-Gals.	Water-Gals.	Gas-MMCF

CONTINUED			
Actual Prod. Test-MMCF/D	Length of Test	Dbls. Condensate/MMCF	Gravity of Condensate
11-17-85	24	1521	
Testing Method (pilot, back pr.)	Tubing Pressure (Gauge ID)	Casing Pressure (EDUC-ID)	Casing Size
flw	81	0	