

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 OG-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
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)
Gas Connection Notice
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease No.	BDCDGU 1835 271G	Well No.	Pool Name, including Formation	Kind of Lease	State, Federal or Fee	Lease No.
			TUBB		fee	
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>east</u> Line of Section <u>27</u> Township <u>18N</u> Range <u>35E</u> , NMPLA, <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)
Amoco Production Company	Box 606, Clayton, NM 88415
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes When 12-31-85

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.

Jeri Goolsby
Clerk (Signature)

(Title)

12-31-85

(Date)

OIL CONSERVATION DIVISION

APPROVED 1-6 1986
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 deviations 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 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.	Other
			X						
Date Logged	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.				
10-4-85	12-1-85		2550		2454				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4550 G.L.	tubb				2550				
Perforations						Depth Casing Shoe			
2345-53, 2355-73, 2380-2408									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		9-5/8		718		390 Class H			
8-3/4		7		2550		600 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-Gals.	Water-Gals.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
11-15-85	24 hr	1245	
Testing Method (pilot, back prod)	Tubing Pressure (EGGC-12)	Casing Pressure (EGGC-12)	Choke Size
flw	65	0	