

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 12-01-73
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 68, Hobbs, NM 88240

Section(s) for listing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Castinhead Gas	☐ Condensate

Gas Connection Notice

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

II. DESCRIPTION OF WELL AND LEASE

Lease No. <u>BDCDGU 2034 121K</u>	Well No., Pool Name, Including Formation <u>TUBB</u>	Kind of Lease State, Federal or Fee fee	Lease No.
Location			
Unit Letter <u>K</u>	<u>1650</u> Feet From The <u>south</u>	Line and <u>1650</u>	Feet From The <u>west</u>
Line of Section <u>12</u>	Township <u>20N</u>	Range <u>34E</u>	Union

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 Castinhead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Amoco Production Company</u>	<u>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>5-19-86</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts II' 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.

Jere Opelsberg
Clerk

5-19-86
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1986
BY _____
TITLE _____

This form is to be filled in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 filled for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	Flow well	Workover	Deepen	Plug back	Same as prev.	Drill new
Date Spaced	10-22-85	Date Compl. Ready to Prod.	12-3-85	Total Depth	2464	P.B.T.D.	2405		
Elevations (DF, RAB, RT, GR, etc.)	4705 G.L.	Name of Producing Formation	tubb	Top Oil/Gas Pay		Tubing Depth	2114		
Perforations							Depth Casing Shoe		
2246-66, 2272-84, 2288-96, 2296-2314, 2322-36									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2		9-5/8		700		425 SX Class H			
8-3/4		7		2464		800 SX Class H			
		3 1/2		2114					

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 Flow On Run To Test	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Press. During Test	Oil-Gels.	Water-Units.	Gas-MCF

GAS WELL

Actual Press. Test-MCF/D	Length of Test	Dble. Condensate/MCF	Gravity of Condensate
1229	24 hrs	0	N/A
Testing Method (flow, back pr.)	Testing Pressure (Chart-10)	Casing Pressure (Chart-10)	Choke size
flw	74 psi	0	N/A