

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
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
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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> 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 1836 061F</u>	Well No. <u>TUBB</u>	Pool Name, including Formation	Kind of Lease State, Federal or Fee <u>fee</u>	Lease No.
Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>north</u> Line and <u>1650</u> Feet From The <u>west</u>				
Line of Section <u>6</u> Township <u>18N</u> Range <u>36E</u> , N.M.P.M. Union County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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? when
	<u>Yes</u> <u>12-31-85</u>

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.

Jean Spolsky
Clerk (Signature)

(Title)

12-31-85
(Date)

OIL CONSERVATION DIVISION
APPROVED 1-6-86
BY Roy 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 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.	Drill. Rec.
			X						
Date Logged	10-30-85	Date Compl. Ready to Prod.		12-13-85		Total Depth	2227		
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4465 G.L.		tubb.				2227			
Perforations						Depth Casing Shoe			
2077-88, 2109-18, 2120-39									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
12 $\frac{1}{2}$		9-5/8			710		390 Class H		
8-3/4		7			2227		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 bc for full 24 hours)

Date First New Oil Run To Tests	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Casing Size	
Actual Prod. During Test	Oil-Bois.	Water-Bois.	Gas-MMCF	

GAS WELL

Actual Prod. Test-MMCF/D	12-7-85	Length of Test	25	Bois. Condensate/MMCF	1278	Gravity of Condensate
Testing Method (Flow, back pr.)	flw	Tubing Pressure (Gauge-1d)	90	Casing Pressure (EDUC-1d)	0	Casing Size