

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL ☐ GAS ☐
OPERATION	
PERMITS OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
Amoco Production Company

ADDRESSES
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 name <u>BDCDGU 2135</u>	Well No. Pool Name, including Formation <u>321G TUBB</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease no.
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>north</u> Line and <u>1650</u> Feet From The <u>east</u> Line of Section <u>32</u> Township <u>21N</u> Range <u>35E</u> , N.M.P.M., <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)
<u>Amoco Production Company</u> <u>Box 606, Clayton, NM 88415</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when <u>Yes</u> <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 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. Grewley
Clerk (Signature)

(Title)

5-19-86

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1986
BY _____
TITLE _____

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 filled 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. new
			X						
Date Spudded	11-3-85	Date Compl. Ready to Prod.	1-10-86	Total Depth	2402	P.B.T.D.	2306		
Circulations (DF, RKB, AT, GR, etc.)	4640 G.L.	Name of Producing Formation	tubb.	Top Oil/Gas Pay		Tubing Depth	1955		
Perforations							Depth Casing Shoe		
2112-16, 2122-42, 2146-49, 2154-63, 2166-84, 2189-2224									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 $\frac{1}{2}$		9-5/8		700		390 SX Class H			
8-3/4		7		2402		700 SX Class H			
		3 $\frac{1}{2}$		1955					

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 Pres. During Test	Oil-Data.	Water-Data.	Gas-MCF

GAS WELL

Actual Pres. Test-MCF/D	Length of Test	Delta. Condensate/MMCF	Gravity of Condensate
1780	24 hrs	3 BLW	N/A
Testing Method (flow, back pr.)	Tubing Pressure (Gauge-10)	Casing Pressure (Gauge-10)	Choke size
flw	72 psi	0	N/A