

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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W.A.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	

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

Form C-104
Revised 12-01-73
Formal 05-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Owner**
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) Gas Connection Notice
☐ Recompletion	☐ Oil ☐ Dry Gas	
☐ Change in Ownership	☐ Gaslinehead Gas ☐ Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease No.	BDCDGU 1935	Well No.	171K	Pool Name, including Formation	TUBB	Kind of Lease	State, Federal or Free	Lease #
Location								
Unit Letter	K	Feet From The	1650	Line and	1650	Feet From The	west	
Line of Section	17	Township	19N	Range	35E	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 Gaslinehead 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 4-17-86

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 Godfrey
Clerk
4-21-86
(Date)

OIL CONSERVATION DIVISION
APPROVED *4-24* 1986
BY *Ray E 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 deviated hole 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 ownership, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug back	Same as prev.	Dist. Res.
Date Spudded	11-3-85	Date Compl. Ready to Prod.	12-15-85	Total Depth	2395	P.S.T.D.	2320		
Elevations (DF, RAB, RT, CR, etc.)	4608 G.L.	Name of Producing Formation	tubb	Top Oil/Gas Pay		Tubing Depth	2374		
Perforations							Depth Casing Shoe		
2046-50, 2062-72, 2076-2109, 2119-23, 2125-46, 2154-80, 2184-2220									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/8		9-5/8		725		390 SX Class H			
8-3/4		7		2374		500 Class H			
		3 1/2		1913					

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	Testing Procedure	Casing Pressure	Casing Size
Actual Pric. During Test	Oil-Data.	Water-Data.	Gas-MMCF

GAS WELL

Actual Pric. Test-MMCF/D	Length of Test	Delta. Condensate/MMCF	Gravity of Condensate
3451	24 hrs	2 BLW	N/A
Testing Method (pilot, back prod.)	Testing Pressure (Gauge-10)	Casing Pressure (Gauge-10)	Casing Size
flw	145 psi	0	N/A