

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATION	
PERMITS OFFICE	

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

Form C-104
Revised 12-21-73
Format 0001-83
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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)
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ casinghead Gas	☐ Condensate

Gas Connection Notice

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

II. DESCRIPTION OF WELL AND LEASE

Lease Number BDCDGU 1935	Well No. 091K	Pool Name, including Formation TUBB	Kind of Lease State, Federal or Fee	fee	Lease No.
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>south</u> Line and <u>2310</u> Feet From The <u>west</u>					
Line of Section <u>9</u> Township <u>19N</u> Range <u>35E</u> , N.M.P.M. Union 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.	Unit Sec. Twp. Rge. Is gas actually connected? when
	Yes 5-5-86

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 examined with and that the information given is true and complete to the best of my knowledge and belief.

Joe G. Goble
Clerk
(Title)
5-7-86
(Date)

OIL CONSERVATION DIVISION

APPROVED 5-12 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 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. Well
			X					
Date Spudded	11-23-85	Date Compl. Ready to Prod.	1-10-86	Total Depth	2380	P.S.T.D.	2350	
Elevations (D.F., RKB, RT, CR, etc.)	4620 G.L.	Name of Producing Formation	tubb.	Top Oil/Gas Pay		Tubing Depth	1935	
Perforations	2099-2108, 2117-27, 2130-43, 2146-59, 2166-71, 2173-90, 2193-2206, 2207-20, 2222-25, 2227-36, 2238-42, 2248-55, 2260-82						Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2	9-5/8		704		890 SX Class H			
8-3/4	7		2380		650 SX Class H			
	3 1/2		1935					

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 Flow Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Casing Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2444	24 hrs	3 b1w	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Casing Size
flw	82 psi	0	N/A