

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-73
Format 05-01-33
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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)

☐ New Well	Change in Transporter of:	☐ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☐ Change in Ownership	☐ Gas	

Other (Please explain)
Gas Connection Notice

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

II. DESCRIPTION OF WELL AND LEASE

Lease No. BDCDGU 1935	Well No. 101F	Pool Name, including Formation TUBB	Kind of Lease State, Federal or Fee fee	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>10</u> Township <u>19N</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 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 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 complied with and that the information given is true and complete to the best of my knowledge and belief.

Jerry Opalishay
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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug back	Same heavy	Dist. Re.
Date Spudded 11-17-85		Date Compl. Ready to Prod. 1-10-86		Total Depth 2310		P.S.T.D. 2281			
Elevations (D.F., R.A.B., R.T., CR, etc.) 4587 G.L.		Name of Producing Formation tubb		Top Oil/Gas Pay		Tubing Depth 1950			
Perforations 2094-99, 2109-24, 2136-40, 2148-58, 2161-72, 2186-2220, 2224-36, 2240-50						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		9-5/8		700		1390 Class H			
8-3/4		7		2310		1900 SX Class H & 154 lb			
		3 1/2		1950		Class H Neat			

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 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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Pric. Test - MCF/D 1283	Length of Test 24 hrs	Bbls. Condensate/MMCF 4 blw	Gravity of Condensate N/A
Testing Method (spiral, back pr.) flw	Tubing Pressure (EDUC-12) 84 psi	Casing Pressure (EDUC-12) 0	Casing Size N/A