Submit 5 Copies
Appropriate Dustrict Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of Now Hexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TRANSP	ORT OIL	AND NATURA	L GAS	3			
Operator			,		Well A	PINA	1 100	
AMOCO PRODUCTIO	N COMPANY	<del></del>		•		<u>0-05</u>	1-203	05
PO BOX 606 CLF	HYTON NM	88415						
Reason(s) for Filing (Check proper box)	Channe in Trace	war of	Other (Please	se explain	,			
New Well Recompletion	Change in Transpo		wa					
Change in Operator	Casinghead Gas Condes							
If change of operator give name								
and address of previous operator		3					··	
II. DESCRIPTION OF WELL A		ama Indudia	ng Formation		Kind c	(Lease	- 1	ease No.
BDCDGU 2233	100:01		PANO DOME	640		Federal of Fed		22 110.
Location	anana	DO - DE	ALAD TOOLIGE	Ψ (υ	<u></u>		•	
Unit Letter <u>G</u>	: 2100 Fed Fr	rom The E	AST_ Line and _	20	46 Fo	et From The	NORTH	Line
Section 29 Township	TAAN Range	R33E	, ММРМ,	L	LNION	<del> </del>	<del>-</del>	County
III. DESIGNATION OF TRANS	SPORTER OF OIL AN	D NATU	RAL GAS					
Name of Authorized Transporter of Oil	or Condensate		Address (Give addres	es to whic	h approved	copy of this fi	orm is to be se	NI)
Name of Authorized Transporter of Casing	head Gas or Dry	Gas 🔀	Address (Give addres	es to whic	h approved	copy of this f		
AMOCO PRODUCTION COMPANY			PO Box 6	CLAY-	OH NM 88415			
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.	Rge	is gas actually conne	aed?	When	7		
			YES					
If this production is commingled with that f IV. COMPLETION DATA								
Designate Type of Completion	· (X)   Oil Well	Cae Well	New Well   Work	over	Deepes	Plug Back	Same Res'v	Diff Resiv
Date Speeded 6/27/93	Date Compi. Ready to Prod.  8/4/93		Total Depth 2527		P.B.T.D. 2527			
Elevations (DF, RKB, RT, GR, etc.) 4798	Name of Producing Formation UBB		Top Oil/Gai Pay 2350			Tubing Depth		
Perforations						Depth Casing Shoe		
2257-2269, 2276-3	1308 2315-2322	2, 23	44-2350			25	527	
			CEMENTING RI		·	<del>,</del>		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
778	4/2 FG		700			450		
1 78	412 79		2527			550		
V. TEST DATA AND REQUES				-	.,			
OIL WELL (Test must be after n  Date First New Oil Run To Tank	ecovery of total volume of load	oil and must	be equal to or exceed Producing Method (F				for full 24 hou	rs.)
Date First New Oil Rus 10 (ank	Date of Test		Producing Method (A	· iow, pum	ф. <b>Г</b> ез іўі, і	uc.)		
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbia.			Gas- MCF		
GAS WELL	<u> </u>		<u> </u>		<del></del>	1,		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate			
1600	2 HRS Tubing Pressure (Shus-in)		1.6					
Testing Method (pitot, back pr.) PILOT	rearrie (2008-12)		Casing Pressure (Shut-in) 220 PST		Choke Size			
VL OPERATOR CERTIFIC	ATE OF COMPLIA	NCE	000	1 01		_ <u>~</u>		
I hereby certify that the rules and regul	ations of the Oil Conservation		OIL	CON	SERV	ATION	DIVISIO	NC
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			1-6-					
is the size compared to the order of the Endwarde and belief.			Date Approved 8/20/93					
Billy E. Vruhan			By Dy Elphum					
Signature BILLY E. PRICHARD FIELD FOREMAN Printed Name Title			DISTRICT SUPERVISOR					
8/16/93	505 37430	<b>53</b>	Title	* # B E /				
Date	Telephone		H					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.