

# OIL CONSERVATION DIVISION

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L.

Operator <div style="font-size: 1.5em; font-family: cursive;">AMOCO PRODUCTION COMPANY</div>	Well API No. <div style="font-size: 1.5em; font-family: cursive;">30-059-20306</div>
Address <div style="font-size: 1.5em; font-family: cursive;">PO Box 606 CLAYTON, NM 88415</div>	
Reason(s) for Filing (Check proper box) <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input checked="" type="checkbox"/> New Well  <input type="checkbox"/> Recompletion  <input type="checkbox"/> Change in Operator         </div> <div>           Change in Transporter of:  <div style="display: flex; justify-content: space-around;"> <div>Oil <input type="checkbox"/></div> <div>Dry Gas <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Casinghead Gas <input type="checkbox"/></div> <div>Condensate <input type="checkbox"/></div> </div> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Other (Please explain)  <div style="font-size: 1.5em; font-family: cursive;">CO2</div> </div> </div>	
If change of operator give name and address of previous operator	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>BDCDGU 2233</b>	Well No. <b>301G</b>	Pool Name, Including Formation <b>TUBB - BRAVO DOME 640</b>	Kind of Lease State, Federal or <b>(Fee)</b>	Lease No.
Location				
Unit Letter <b>G</b>	: <b>2003</b>	Feet From The <b>East</b> Line and <b>2019</b>	Feet From The <b>North</b>	Line
Section <b>30</b>	Township <b>T22N</b>	Range <b>R33E</b>	NMPM	County <b>UNION</b>

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Amoco Production Company					PO 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	

If this production is commingled with that from any other lease or pool, give commingling order number.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6/22/93	Date Compl. Ready to Prod. 8/3/93		Total Depth 2529			P.B.T.D. 2529		
Elevations (DF, RKB, RT, GR, etc.) 4839	Name of Producing Formation TWBB		Top Oil/Gas Pay 2363			Tubing Depth N/A		
Perforations 2262-2266, 2285-2298, 2302-2318, 2334-2338, 2353-2363						Depth Casing Shoe 2529		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4 9 7/8	CASING & TUBING SIZE 8 5/8 4 1/2 FG		DEPTH SET 700 2529			SACKS CEMENT 450 550		

### V. TEST DATA AND REQUEST FOR ALLOWABLE

## OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed 10p allowable for this depth or be for full 24 hours.)

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

## GAS WELL

Actual Prod. T <sub>act</sub> - MCF/D 1300	Length of Test 2 HRS	Bbls. Condensate/MMCF 1.3	Gravity of Condensate
Testing Method (prior, back pr.) PILOT	Tubing Pressure (Shut-in) —	Casing Pressure (Shut-in) 125 PSI	Choke Size 2"

## VL OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Billy E. Krichan

Signature Billy E. PRICHARD FIELD FOREMAN

Printed Name \_\_\_\_\_

8/16/93

Date \_\_\_\_\_

Title  
5053743053

Telephone No. \_\_\_\_\_

## OIL CONSERVATION DIVISION

Date Approved

By

Title

**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.