

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company		Well API No. 30-059-20308
Address P.O. Box 606 Clayton, New Mexico 88415		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) CO₂ well		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BDCDGU 2233	Well No. 331G	Pool Name, including Formation Tubb-Bravo Dome 640	Kind of Lease State, Federal or (Fee)	Lease No.
Location				
Unit Letter G	1999	Feet From The East Line and 2012	Feet From The North	Line
Section 33	Township T22N	Range R33E	NMPM	County Union

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 Co.	P.O. Box 606 Clayton, New Mexico 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 5/27/93	Date Compl. Ready to Prod. 7/29/93		Total Depth 2224		P.B.T.D. 2224			
Elevations (DF, RKB, RT, GR, etc.) 4768	Name of Producing Formation Tubb		Top Oil/Gas Pay 2114		Tubing Depth N/A			
Perforations					Depth Casing Shoe 2114			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 2 1/2"	688	450
7 7/8	4 1/2 4.56 FG	2114	500

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 top 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. Test - MCF/D 1952	Length of Test 3 hr	Bbls. Condensate/MMCF 1952	Gravity of Condensate N/A
Testing Method (pilot, back pr.) back prs	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 32.8 psi	Choke Size

VI. 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. Prichard
Signature
Billy E. Prichard Field Foreman
Printed Name
7/27/93
Date
505374 3053
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **7-27-93**

By

Title

DISTRICT SUPERVISOR

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.