

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company		Well API No. 30-059-20309
Address P.O. Box 606 Clayton, New Mexico 88415		
Reason(s) for Filing (Check proper box)		
New Well ☒	Other (Please explain) CO₂ Well	
Recompletion ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BDCDGN 2233	Well No. 341G	Pool Name, including Formation Tubb-Bravo Dome 640	Kind of Lease State, Federal or Fee ☒	Lease No.
Location				
Unit Letter G	1909	Feet From The East Line and 2099	Feet From The North Line	
Section 34	Township T22N	Range R33E	NMMPM, 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	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	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
		☒	☒					
Date Spudded 6/10/93	Date Compl. Ready to Prod. 8-1-93	Total Depth 2342	P.B.T.D. 2331					
Elevations (DF, RKB, RT, GR, etc.) 4723	Name of Producing Formation Tubb	Top Oil/Gas Pay	Tubing Depth NA					
Performances			Depth Casing Shoe 2342					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	680	590					
7 7/8	4 1/2 FG	2342	565					

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 1300	Length of Test 2 HRS	Bbls. Condensate/MMCF 1.3	Gravity of Condensate
Testing Method (pilot, back pr.) Pilot	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 81 PSI	Choke Size 2"

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
5053743053
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **8-5-93**
By **[Signature]**
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.