

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ☐ GAS ☐
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company

Address
P.O. Box 832; Brownfield, TX 79316

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

Gas Connection Notice

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name BDCDGU 2033	Well No. 341K	Pool Name, including Formation BDCDGU 640 Acre Area (Tubb)	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location Unit Letter <u>K</u> : 1980 Feet From The <u>south</u> Line and 1980 Feet From The <u>west</u>				
Line of Section <u>34</u> Township <u>20-N</u> Range <u>33-E</u> , NMJM, <u>Harding</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 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 832; Brownfield, TX 79316
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes 10-25-84

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

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.

DD Holcomb
(Signature)

Sr. Administrative Analyst

8-24-87
(Date)

OIL CONSERVATION DIVISION

APPROVED 9-10-87
BY [Signature]
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 deviation logs 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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug back	Same res.v.	Diff. Res.v.
			X						
Date Spudded 6-5-79	Date Compl. Ready to Prod. 3-24-82		Total Depth 2571		Perforations 2494				
Elevations (DF, RKB, RT, GR, etc.) 4894 GL	Name of Producing Formation Tubb		Top Oil/Gas Pay 2314		Tubing Depth 2159'				
Perforations 2314-24, 2328-32, 2334-38, 2344-50, 2354-60, 2364-84, 2394-2408, 2412-18' w/2 SPF						Depth Casing Shoe 2571 (liner)			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		334'		175 SX			
8 3/4"		7"		2287'		500 SX			
6 1/8"		4 1/2" liner		2172-2571'		50 SX			
--		3 1/2" tbq		2159'		--			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Data.	Water-Data.	Gas-MMCF

GAS WELL

Actual Prod. Test-MMCF/D 1018	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Gauge-In) 308	Casing Pressure (Gauge-In) 0	Choke Size N/A