

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
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NO. OF TAPING DEVICES		
DISTRIBUTION		
SANTA FE		
FILE		
U. S. G. S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

AMOCO PRODUCTION COMPANY

Address: P. O. Box 606, Clayton, New Mexico 88415

Reason(s) for filing (Check proper box)

☒ New Well

☐ Recompletion

☐ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Gashead Gas

☐ Dry Gas

☐ Condensate

Other (Please explain):

If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>BDCAG-U 1933 341G</u>	Well No. <u>Und. Tab</u>	Pool Name, including Formation	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>G</u>	<u>1650</u>	Feet From The <u>North</u>	Line and <u>1650</u>	Feet From The <u>East</u>
Line of Section <u>34</u>	Township <u>19N</u>	Range <u>33E</u>	NMPM, <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 Gashead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Amoco Production Company</u>	<u>P. O. Box 606, Clayton, NM 88415</u>
If well produces oil or liquid, give location of forces.	Is gas actually connected? When
	Yes <u>7-16-85</u>

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

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.

Danny Holcomb
(Signature)

Administrative Supervisor

7-16-85

(Date)

OIL CONSERVATION DIVISION

APPROVED 7-26 1985
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 1111.

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 heavy	Diff. Heavy
			X	X					
Date Logged	Date Comp. Ready to Prod.		Total Depth		P.B.T.D.				
9-2983	10-28-83		2810'		2761'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4820' GL	Tubb								
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	9-5/8"		717'		375 SX				
	7"		2797'		1050 SX				
	5 1/2"		2381'						

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 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/Low P.D.	Gravity of Condensate
854	24 hrs.	3	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	N/A	N/A	N/A