

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
U.A.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 05-01-83  
Page 1

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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>BDCOGU</b>	1833 091G	Well No.	Pool Name, Including Formation <b>Und. Tubb</b>	Kind of Lease State, Federal or <b>Fee</b>	Lease No.
Location Unit Letter <b>G</b> : <b>1650</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b>	Line of Section <b>9</b> Township <b>18N</b> Range <b>33E</b>	County <b>Harding</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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Amoco Production Company</b>	<b>P. O. Box 606, Clayton, NM 88415</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<b>Yes</b> <b>7-16-85</b>

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  
(Title)  
7-16-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED **7-26**, 19 **85**

BY **Roy Johnson**

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 deviated parts 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 resist.	Diff. Resist.
Date Spudded	10-6-84		X	X					
Date Compl. Ready to Prod.	10-18-84	Total Depth		2753		P.B.T.D.		2701	
Elevations (DF, RKB, RT, CR, etc.)	4740' GL	Name of Producing Formation		Tubb		Top Oil/Gas Pay		Tubing Depth	
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	9-5/8"		714		390 SX				
	7"		2757		1250 SX				
	3 1/2"		2347						

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 bc for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
1054	28 hrs	2 PD	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (GHSZ-12)	Casing Pressure (Eduz-12)	Crown Size
Back Pressure	N/A	N/A	N/A

WELL NAME AND NUMBER BDCDGV 1833-091 G

LOCATION T 18N R 33E, Sec 9 "G"  
(New Mexico give U, S, T, & R; Texas give S, Blk., Sur. & Twp. when required)

OPERATOR AMOCO Production Co.

DRILLING CONTRACTOR Baker & Taylor Drilling

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1/4 400</u>			
<u>1/4 700</u>			
<u>1/2 1175</u>			
<u>3/4 1590</u>			
<u>1 2070</u>			
<u>1 2370</u>			
<u>1 2730</u>			
<u>TD 2742</u>			

Drilling Contractor Baker & Taylor Dring

By David P. Myers

Subscribed and sworn to before me this 5th day of November 1984

Sue Baer

Notary Public



SUE BAER  
Notary Public, State of Texas  
My Commission Expires 6/9/1988

My Commission Expires \_\_\_\_\_

Potter County, Texas