

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
LAND OFFICE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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)

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

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

II. **DESCRIPTION OF WELL AND LEASE**

Lease Number 88066 1833 242M	Well No.	Pool Name, Including Formation Und. Tubb	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>24</u> Township <u>18N</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 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, NM 88415
If well produces oil or liquid, give location of tanks.	Is gas actually connected? <u>Yes</u> when <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**

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 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 deviations made 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	Flow well	Workover	Deepen	Plug back	Same res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
10-26-84			2760'		2665				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4720' GI	Tubb								
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
		9-5/8"		722'		98 SX			
		7"		2760'		110 SX			
		3 1/2"		2309'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load off and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Surface	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
88	24 hrs	0	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (GHSI-in)	Casing Pressure (EDUC-in)	Choke Size
Back Pressure	N/A	N/A	N/A

WELL NAME AND NUMBER BDCDQU 1833 #242M

LOCATION
(New Mexico drive U. S. R. & Pt. Texas drive S. Blvd. 6)

(New Mexico give U, S, T, & R; Texas give S, Blk., Sur. & Twp. when required)

OPERATOR Amoco Production Co.

DRILLING CONTRACTOR Aztec Well Servicing Co.

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:

Degrees @ Depth

3/4 ° @ 354'

 $1 \frac{1}{4}^0 @ 722'$

1 3/4 ° @ 1258'

1 $\frac{1}{4}$ ° @ 1797'

1 $\frac{1}{4}$ ° @ 2305'

1 $\frac{1}{4}$ ° @ 2760'

Degrees @ Depth

Degrees @ Depth

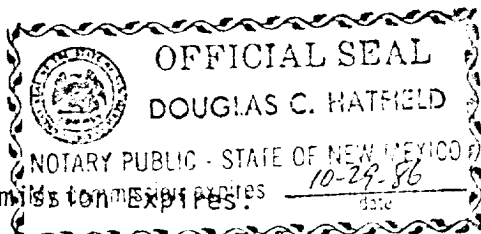
Degrees @ Depth

Drilling Contractor Aztec Well Servicing Co.

By Richard Peterson

Subscribed and sworn to before me this 21st day of November 1984

Notary Public



My Commission Expires:

10-29-56

430

10.25-86

San Juan County, New Mexico