

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |     |
|------------------------|-----|
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| SANTA FE               |     |
| FILE                   |     |
| 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  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Amoco Production Company

Address  
P.O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

|                                              |                                         |                                     |
|----------------------------------------------|-----------------------------------------|-------------------------------------|
| <input 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 |

Gas Connection Notice

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

II. DESCRIPTION OF WELL AND LEASE

|                    |              |                                |                               |                    |
|--------------------|--------------|--------------------------------|-------------------------------|--------------------|
| Lease No.          | Well No.     | Pool Name, including Formation | Kind of Lease                 | Lease No.          |
| BDCDGU 2133 321G   |              | TUBB                           | State, Federal or Fee federal | NM1954             |
| Location           |              |                                |                               |                    |
| Unit Letter G      | 1650         | Feet From The North            | Line and 1650                 | Feet From The east |
| Line of Section 32 | Township 21N | Range 33E                      | Harding County                |                    |

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 type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Amoco Production Company                                                                                      | Box 606, Clayton, NM 88415                                               |
| If well produces oil or liquids, give location of tanks.                                                      | Is gas actually connected? When                                          |
|                                                                                                               | Yes 12-20-85                                                             |

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.

Jeri Opolsky  
Clerk

(Title)

12-26-85

(Date)

OIL CONSERVATION DIVISION

APPROVED 12/30 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 deviation tests 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 nest v. | Drill. nest |
|                                      |                      |                             | X         |                 |              |              |                   |              |             |
| Date Spudded                         | 9-6-85               | Date Compl. Ready to Prod.  | 10-4-85   | Total Depth     | 2644         | P.B.T.D.     | 2650              |              |             |
| Elevations (DF, RAB, RT, CR, etc.)   | 5012 G.L.            | Name of Producing Formation | tubb.     | Top Oil/Gas Pay |              | Tubing Depth | 2664              |              |             |
| Perforations                         |                      |                             |           |                 |              |              | Depth Casing Shoe |              |             |
| TUBING, CASING, AND CEMENTING RECORD |                      |                             |           |                 |              |              |                   |              |             |
| HOLE SIZE                            | CASING & TUBING SIZE |                             | DEPTH SET |                 | SACKS CEMENT |              |                   |              |             |
| 12 1/2                               | 9-5/8                |                             | 725       |                 | 390 Class H  |              |                   |              |             |
| 8-3/4                                | 7                    |                             | 2663      |                 | 816 Class H  |              |                   |              |             |
|                                      |                      |                             |           |                 |              |              |                   |              |             |
|                                      |                      |                             |           |                 |              |              |                   |              |             |

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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 Pres. During Test        | Oil-Data.       | Water-Data.                                   | Gas-MCF    |
|                                 |                 |                                               |            |

#### GAS WELL

|                                   |                        |                           |                       |
|-----------------------------------|------------------------|---------------------------|-----------------------|
| Actual Pres. Test-MCF/D           | Length of Test         | Delta Condensate/MMCF     | Gravity of Condensate |
| 10-4-85                           | 24 hrs                 | 818                       |                       |
| Testing Method (pilot, back prod) | Tubing Pressure (PSIA) | Casing Pressure (PSIA-in) | Choke Size            |
| flw                               | 112                    | 0                         |                       |