Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: AMOCO PRODUCTION CO.
Well API No.: 30-021-20260
Address: P.O. BOX 606, CLAYTON, NEW MEXICO 88415

Reason(s) for Filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Operator [ ]
- Other (Please explain) [ ]

Change in Transporter of:
- Oil [ ] Dry Gas [ ]
- Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
BDCDGU 2133	081	BRAVO DOME - TUBB	(State) Federal or Fee	L-5749

Location
Unit Letter G : 1762 Feet From The EAST Line and 1971 Feet From The NORTH Line
Section 8 Township 21 N. Range 33 E. NMPM, 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 [X] — Address (Give address to which approved copy of this form is to be sent): AMOCO PRODUCTION CO. P.O. BOX 606 CLAYTON NM 88415

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					YES	

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

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	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-30-93		2471	2471

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4884 GR	TUBB		

Perforations: _____ Depth Casing Shoe: 2471

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	718	450 SX
7 7/8	4 1/2	2471	522 SX

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL *(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 Tank	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
1065	2 HOURS	0	
Testing Method (pilot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
PITOT	N/A	310	2"

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Billy E. Prichard
Signature
Billy E. Prichard Field Foreman
Printed Name — Title
8/23/93 — 505 374 3057
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved: 9-21-93
By: _____
Title: DISTRICT SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.