

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Company Well API No. 30-021-20265
 Address PO Box 606 Clayton NM 88415
 Reason(s) for Filing (Check proper box) New Well Other (Please explain) CO2
 Recompletion Change in Transporter of: Oil Dry Gas
 Change in Operator Casinghead Gas Condensate
 If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name BDCDGL - 2133 Well No. 151F Pool Name, including Formation TUBB - BRAVO DOME 640 Kind of Lease State, Federal or Fee Lease No. _____
 Location Unit Letter F : 2030 Feet From The WEST Line and 1959 Feet From The NORTH Line
 Section 15 Township T21N Range R33E NMPM, HARDING 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) PO Box 606 Clayton NM 88415
 If well produces oil or liquids, give location of tanks. Unit _____ Sec. _____ Twp. _____ Rge. _____ Is gas actually connected? YES When? _____
 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
 Date Spudded 6/16/93 Date Compl. Ready to Prod. 8/12/93 Total Depth 2516 P.B.T.D. 2516
 Elevations (DF, RKB, RT, GR, etc.) 4911 Name of Producing Formation TUBB Top Oil/Gas Pay 2434 Tubing Depth _____
 Perforations 2434-2478 Depth Casing Shoe 2516

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>692</u>	<u>450</u>
<u>7 7/8</u>	<u>4 1/2 FG</u>	<u>2516</u>	<u>475</u>

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 364 Length of Test 2 HRS Bbls. Condensate/MMCF .364 Gravity of Condensate _____
 Testing Method (pilot, back pr.) PILOT Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) 270 PSI Choke Size 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.
 Signature Billy E. Prichard
 Printed Name BILLY E. PRICHARD Title FIELD FOREMAN
 Date 8/15/93 Telephone No. 5053743053

OIL CONSERVATION DIVISION
 Date Approved 8-25-93
 By [Signature]
 Title DISTRICT SUPERVISOR

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