

OIL CONSERVATION DIVISION

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

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. 30-021-20266
Address PO Box 606 CLAYTON NM 88415	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: CO2
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name BDCDAU 2133	Well No. 1616	Pool Name, Including Formation TUBB - BRAVO DOME 640	Kind of Lease State, Federal or Fee	Lease No. L-5750
Location				
Unit Letter G	1873	Feet From The EAST Line and 2154	Feet From The NORTH Line	
Section 16	Township T21N	Range R33E	NMPM, 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Amoco Production Co.	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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 6-12-93	Date Compl. Ready to Prod. 8-23-93	Total Depth 2443	P.B.T.D. 2443					
Elevations (DF, RKB, RT, GR, etc.) 4838	Name of Producing Formation TUBB	Top Oil/Gas Pay 2246	Tubing Depth					
Perforations 2246-2282, 2311-2318, 2354-2370	Depth Casing Shoe 2443							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	683	450					
7 7/8	4 1/2 FG	2443	475					

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 7516	Length of Test 2 HRS	Bbls. Condensate/MMCF 7.516	Gravity of Condensate
Testing Method (pilot, back pr.) PILOT	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 335 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.

Billy E. Prichard
 Signature
BILLY E. PRICHARD FIELD FOREMAN
 Printed Name
8/24/93
 Date
5053743053
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **8-30-93**
 By **[Signature]**
 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.