

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

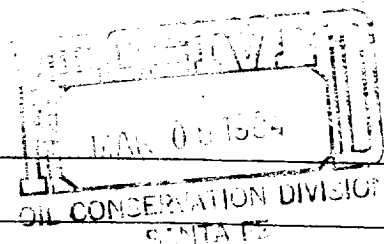
OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 00-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator
Amoco Production Company

Addressee
P. O. Box 68 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	To show connection to the Amoco operated
☐ Change in Ownership	☐ Casinghead Gas	BDCDGU SE Gas Collection System /AHC/.
	☐ Dry Gas	
	☐ Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name BDCDGU 2034	Well No. 231	Pool Name, including Formation Und. Tubb	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>23</u> Township <u>20-N</u> Range <u>34-E</u> , NMPM, <u>Union</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)
N/A	
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 68, 205 E. Bender, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks. (water)	is gas actually connected? When
D&C : 26 : 19-N : 34-E	yes : *9-16-83

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.

Cathy L. Forman
(Signature)
Assist. Admin. Analyst
(Title)
February 29, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1984
BY _____
TITLE _____

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.

*All tie-ins were completed on this date.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Heave	Diff. Heave
			C02	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
1-23-81	2-24-81		2590'			2540'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
4717' GL	Tubb		2151'			2086'			
Perforations 2151'-62', 81'-88', 91'-97', 2200'-04', 06'-08', 10'-16', 25'-29', 45'-60', 68'-71', 74'-77', 91'-95', 2305'-09', 25'-29', & 54'-58'						Depth Casing Shoe			
						2590'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		728'		500 Class H			
7-7/8"		5-1/2"		2590'		850 Class H			
		2-3/8"		2086'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	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
0 BO, 3 BW, 1258 MCFD	24 hours	0	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flow		285 psi	48/64"

0+2 - NMOCD, SF 1-R. E. Ogden, Rm. 21.150, Hou 1-F. J. Nash, Rm. 4.206, Hou 1-CLF
 1-Amerada 1-Amerigas 1-Cities Service 1-Conoco 1-C02 In Action 1-Excelsior
 1-Sun Tex. 1-Exxon 1-Jim Russell, Clayton