

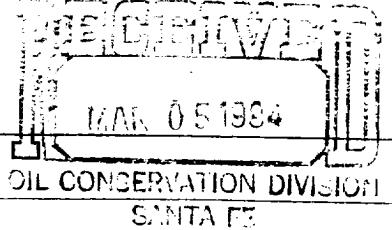
STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-31-78
Format 05-01-83
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 checked="" type="checkbox"/> New Well	Change in Transporter of:	
<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

Other (Please explain)
To show connection to the Amoco operated BDCDGU SE Gas Collection System /AHC/.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name BDCDGU 1935	Well No. 131	Pool Name, including Formation Und. Tubb	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>19-N</u> Range <u>35-E</u> , NMPM, Union County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> N/A	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"/> <u>02</u>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 68, 205 E. Bender, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks. (water) Unit <u>D&C</u> Sec. <u>26</u> Twp. <u>19-N</u> Rge. <u>34-E</u>	Is gas actually connected? when 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 CO2	New Well X	Workover	Deepen	Plug back	Same depth	Diff. Depth
Date Spudded 4-29-81	Date Compl. Ready to Prod. 5-14-81		Total Depth 2573'		P.B.T.D. 2497'				
Elevations (DF, RKB, RT, GR, etc.) 4497' GL	Name of Producing Formation Tubb		Top Oil/Gas Pay 2156'		Tubing Depth 2122'				
Perforations 2156'-64' and 2168'-89'							Depth Casing Shoe 2573'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		703'		500 Class H				
7-7/8"	5-1/2"		2573'		800 Class H				
	2-3/8"		2122'						

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 0 BO, 3 BW, 444 MCFD	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Flow	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in) 140 psi	Choke Size 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-CO2 In Action 1-Excelsior
 1-Sun Tex. 1-Exxon 1-Jim Russell, Clayton