STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAY 01 1984
OIL CONSERVATION DIVISION
SANTA FE

I.

Operator
Amoco Production Company

Address
P. O. Box 68 Hobbs, NM 88240

Reason(s) for filing (Check proper box)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
BDCDGU 1935	041	Und. Tubb	State, Federal or Fee Fee	

Location
Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 4 Township 19-N Range 35-E , NMPM, Union 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 [X] CO2	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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
(water)	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 _____, 19__

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 Res'v.	Diff. Res'v.
		CO2	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-5-81	5-28-81	2682'	2638'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4635' GL	Tubb	2112'	2086'
Perforations 2112'-16', 27'-30', 34'-40', 54'-60', 62'-70', 2192'-2202', 14'-22', 29'-32', 42'-52', & 57'-60'			**Depth Casing Shoe** 2638'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	702'	500 Class H
7-7/8"	5-1/2"	2638'	800 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)*

OIL WELL

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, 4 BW, 1607 MCFD	24 hours	0	
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Flow		295 psi	48/64"

O+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