

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
AMOCO PRODUCTION COMPANY

Address
P. O. Box 606, Clayton, NM 88415

Reason(s) for filing (Check proper box) Other (Please explain)

New Well
 Recompletion
 Change in Ownership

Change in Transporter of:
 Oil
 Casinthead Gas

Dry Gas
 Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name BDCDGU Well 1835	Well No. 051G	Pool Name, Including Formation Und. Tubb	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter G ; 1650 Feet From The North Line and 1650 Feet From The East				
Line of Section 5 Township 18N Range 35E , NMPLM, Union County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

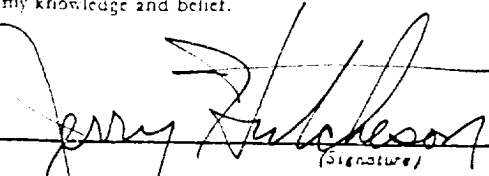
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Amoco Production Company	P. O. Box 606, Clayton, NM 88415			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When		
Yes		12-13-84		

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.


Sr. Administrative Analyst
(Title)
2-20-85
(Date)

OIL CONSERVATION DIVISION

APPROVED 2-25, 1985
EY
TITLE DISTRICT

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 1-4-84	Date Compl. Ready to Prod. 1-23-84		Total Depth 2715'			P.B.T.D. 2586'			
Elevations (DF, RKB, RT, GR, etc.) 4632' GL	Name of Producing Formation Und. Tubb		Top Oil/Gas Pay 2110'			Tubing Depth 2053'			
Perforations 2110' - 2300'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/2"	9 5/8"		722'			390 Class H			
8 3/4"	7"		2707'			750 Class H			

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 4467'	Length of Test 24	Bbls. Condensate/MMCF 3	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Ghrt-in) N/A	Casing Pressure (Ghrt-in) N/A	Choke Size N/A