

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 10-01-79  
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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Castinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name BDCDGU Well 1834	Well No. 331G	Pool Name, including Formation Und. Tubb	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>G</u> , <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>					
Line of Section <u>33</u>	Township <u>18N</u>	Range <u>34E</u>	, NMPIA, <u>Union</u> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

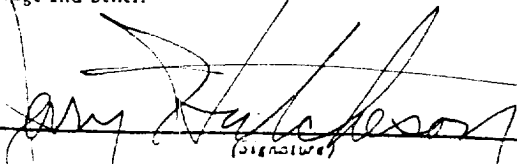
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Castinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Amoco Production Company</u>	<u>P. O. Box 606, Clayton, NM 88415</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	Yes 1-31-85

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)

2-1-85

(Date)

OIL CONSERVATION DIVISION

APPROVED 4-15, 1985

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, IV, and VI for change 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 Resrv.	Diff. Resrv.
Date Updated	Date Compl. Ready to Prod.								
11-25-83	2-16-84	X		X					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Total Depth		P.B.T.D.					
4680 GL	Und. Tubb	2802		2520					
Perforations		Top Oil/Gas Pay		Tubing Depth					
2483 - 2554		2483		2441					
		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		705		390 Class H				
8 3/4"	7"		2802		1200 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 bc 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
169	24	0	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Ghnt-1h)	Casing Pressure (Ehnt-1h)	Choke Size
Back Pressure	N/A	N/A	N/A