

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	

JUL 10 '86

Form C-104
Revised 12-01-73
Formal C-104-123
Page 1

[Signature]

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Owner**
Amoco Production Company
Address
P.O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	☐ Gas
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

Other (Please explain)
Gas Connection Notice

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

II. DESCRIPTION OF WELL AND LEASE

Lease No. BDCDGU 1835	Well No. 081C	Pool Name, including Formation TUBB	Kind of Lease State, Federal or Free federal	Lease No. NM-19514
Location				
Unit Letter C	Feet From The 1660	Line and N	Feet From The 1980	West
Line of Section 8	Township 18-N	Range 35-E	Union	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Production Company	Address (Give address to which approved copy of this form is to be sent) Box 606, Clayton, NM 88415
Name of Authorized Transporter of Casinghead Gas Amoco Production Company	Address (Give address to which approved copy of this form is to be sent) Box 606, Clayton, NM 88415
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes

If this production is commingled with that from any other lease or pool, give commingling order number: 2-1-85

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.

[Signature]
Clerk

5-19-86
(Date)

OIL CONSERVATION DIVISION

APPROVED *[Signature]* 86
BY *[Signature]*
TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with NULE 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 to accordance with NULE 111.
All sections of this form must be filled out completely for allowables on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled 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 as prev.	Drill. new
			X						
Date Spudded	12-9-83	Date Comp. Ready to Prod.	1-12-84	Total Depth	2748	P.S.T.D.	2648		
Locations (DF, RKB, RT, CR, etc.)	4635 G.L.	Name of Producing Formation	tubb.	Top Oil/Gas Pay		Tubing Depth	2070		
Perforations							Depth Casing shoe		
2239-43, 2247-54, 2275-82, 2286-90, 2307-18, 2620-30									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/8		9-5/8		739		390 Class H			
8-3/4		7		2748		1800 Class H			
		3 1/2		2070					

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 Prod. Oil Run To Tanks	Date of Test	Producing Method (flw, pump, gas lift, etc.)	
Length of Test	Testing Procedure	Casing Pressure	Cross Size
Actual Pric. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Pric. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
1447	24 hrs	3	N/A
Testing Method (flw, back prod)	Tubing Pressure (GAGE-10)	Casing Pressure (GAGE-10)	Cross Size
flw	110	0	N/A