

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

DEPARTMENT	
DIVISION	
SANITARY	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	☒ OIL ☐ GAS
OPERATION	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 05-01-83
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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
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ 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 Fee	Lease No.	NM-19514
Location	Unit Letter C : 1660 Feet From The N Line and 1980 Feet From The 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 ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Amoco Production Company	Box 606, Clayton, NM 88415
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? Yes when 2-1-85

If this production is commingled with that from any other lease or pool, give commingling order numbers: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations have been complied with and that the information is true to my knowledge and belief.

ILLEGIBLE

Jon Goldsby
Clerk
5-19-86
(Date)

OIL CONSERVATION DIVISION

APPROVED BY *Ben E. Johnson* 86
TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with NMLC 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 route taken on the well in accordance with NMLC 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 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. Well
			X					
Date Spudded	12-9-83	Date Comp. Ready to Prod.	1-12-84	Total Depth	2748	P.S.T.D.	2648	
Locations (DF, RAB, RT, CR, etc.)	4635	Name of Producing Formation	G.L. tubb.	Top Oil/Gas Pay		Tubing Depth	2070	
Perforations							2239-43, 2247-54, 2275-82, 2286-90, 2307-18, 2620-30	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	12 1/4	CASING & TUBING SIZE	9-5/8	DEPTH SET	739	SACKS CEMENT	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 off and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Procedure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Grav.	Water-Grav.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Grav. Condensate/MCF	Gravity of Condensate
1447	24 hrs	3	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Chart-12)	Casing Pressure (Chart-12)	Choke Size
flw	110	0	N/A