

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

NO. OF COPIES SPECIFIED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
**AMOCO PRODUCTION COMPANY**

Address  
**P.O. BOX 68, HOBBS, NM 88240**

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"/> Casinghead Gas	<input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>BDCDGU WELL 1835</b>	Well No. <b>121G</b>	Pool Name, including Formation <b>Und. Tubb</b>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <b>G</b>	: <b>1650</b> Feet From The <b>North</b>		Line and <b>1650</b>	Feet From The <b>East</b>	
Line of Section <b>12</b>	Township <b>18N</b>	Range <b>35E</b>	, NMPM, <b>Union</b>		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 Casinghead 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)
<b>Amoco Production Company</b>	<b>P.O. Box 606, Clayton, NM 88415</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When
	yes   2-1-85

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.

*Charles M. Herring*  
(Signature)  
**Admin. Analyst (SG)**  
(Title)  
**5-23-85**  
(Date)

OIL CONSERVATION DIVISION  
APPROVED 5-29, 19 85  
BY [Signature]  
TITLE DISTRICT SUPERVISOR

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 route 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 reatv.	Diff. Reatv.
			X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
9-13-84	10-3-84	2682			2605				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
4470' GL	Und. Tubb	2061'			1940				
Perforations					Depth Casing Shoe				
2061'-2164'									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"		9-5/8"		727'		390 SX CLASS H			
8-3/4"		7"		2682'		150 SX 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 Tests	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
1468	24 hrs.	0	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pressure	N/A	N/A	N/A



**Amoco Production Company (USA)**  
P. O. Box 606  
Clayton, NM 88415

February 6, 1985

NOTICE OF GAS CONNECTION

THIS IS TO NOTIFY THE OIL CONSERVATION DIVISION THAT CONNECTION FOR PURCHASE OF GAS FROM AMOCO PRODUCTION COMPANY'S BRAVO DOME CARBON DIOXIDE GAS UNIT WELL NO. 1835-121G, METER STATION NO. 632120, LOCATED IN UNIT LETTER G, SECTION 12, TOWNSHIP 18 NORTH, RANGE 35 EAST, UNION COUNTY, NEW MEXICO, BRAVO DOME 640 ACRE AREA WAS MADE ON 10-25-84 BY AMOCO PRODUCTION COMPANY. FIRST DELIVERY DATE: 2-1-85.

Purchaser: AMOCO PRODUCTION COMPANY

Representative:

*John D McElya*

Title: Assist. Admin. Analyst

cc: AMOCO - HOBBS, NM