

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 CG-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
AMOCO PRODUCTION COMPANY

Address
P. O. Box 606, Clayton, New Mexico 88415

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of: ☐ Oil ☐ Casinghead Gas	☐ Dry Gas ☐ Condensate	Other (Please explain)
☐ Recompletion			
☐ Change in Ownership			

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

II. DESCRIPTION OF WELL AND LEASE

Lease No. <u>1834 091</u>	Well No. <u>G</u>	Pool Name, including Formation <u>Und. Tubb</u>	Kind of Lease State, Federal or <u>Fee</u>	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>9</u>	Township <u>18N</u>	Range <u>34E</u>	, NMPM, 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 Casinghead Gas ☒ or Dry Gas ☐	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.	Is gas actually connected? When
	<u>Yes</u> <u>7-10-85</u>

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.

[Signature]
(Signature)
Clerk
(Title)
7-11-85
(Date)

OIL CONSERVATION DIVISION

APPROVED 7-17, 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 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	Some Rekey	Diff. Rekey
			X	X					
Date Spudded 8-27-84	Date Compl. Ready to Prod. 10-1-84	Total Depth 2946		P.B.T.D. 2850					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Tubb	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	9-5/8		7 1/2		390				
	7		2943		800				
	3 1/2"		2408						

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 2710	Length of Test 24	Bbls. Condensate/ W w/ water	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
Back Pressure	N/A	N/A	N/A