

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-73
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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)

New Well
 Recompletion
 Change in Ownership

Change in Transporter of:
 Oil
 casinghead Gas

Dry Gas
 Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>BDCDGU Well 1835</u>	Well No. <u>221G</u>	Pool Name, including Formation <u>Und. Tubb</u>	Kind of Lease State, Federal or 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>22</u> Township <u>18N</u> Range <u>35E</u> , NMPM, <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 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)
<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 1-16-85

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.

John B. McElroy
(Signature)

Assistant Administrative Analyst

3-13-85

(Date)

OIL CONSERVATION DIVISION

APPROVED 3-22, 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 deviated true 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 res.v.	Diff. Res.v.
Date updated	Date Compl. Recdy to Prod.								
9-28-84	10-17-84	X		X					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Und. Tubh		Total Depth	2796'		P.B.T.D.	2650'	
4584' GL				Top Oil/Gas Pay	2370'		Tubing Depth	2218'	
Perforations							Depth Casing Shoe		
2370' - 2440'									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		725'		390 Class H			
8 3/4"		7"		2791'		650 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
1526	24	0	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Ghg-1h)	Casing Pressure (Edur-1h)	Choke Size
Back Pressure	N/A	N/A	N/A

AMOCO PRODUCTION COMPANY
P.O. BOX 606
CLAYTON, NEW MEXICO 88415

NOTICE OF GAS CONNECTION

DATE 1-17-85

This is to notify the Oil Conservation Division the connection for purchase of gas from Amoco Production Company's Bravo Dome Carbon Dioxide Gas Unit Well No. 1835 221G, Meter Station No. 632130, located in Unit Leter G, Section 22, 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 1-16-85.

PURCHASER: AMOCO PRODUCTION COMPANY

REPRESENTATIVE: *Jerry Hutchinson*

TITLE: Sr. Admin. Analyst