STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

# 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

## 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)

- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of:
  - [ ] Oil
  - [ ] Casinghead Gas
  - [ ] Dry 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 Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| BDCDGU 1834 | 211G | TUBB | State, Federal or Fee fee | |

Location

Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East

Line of Section 21 Township 18-N Range 34-E , 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) |
| 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? | When |
|---|---|---|---|---|---|---|
| | | | | | Yes | 2-15-85 |

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.

Jerri Goodstein
(Signature)
Clerk
(Title)
5-19-86
(Date)

## OIL CONSERVATION DIVISION

APPROVED 6-17, 19 86

BY Roy E Johnson

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.

Form C-104
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Page 2

## IV. COMPLETION DATA

| Designate Type of Completion – (X) | Oil well | Gas well | New well | Workover | Deepen | Plug back | Same reserv. | Diff. res. |
|---|---|---|---|---|---|---|---|---|
| | | X | | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 10-9-84 | 10-23-84 | 2922 | 2834 |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 4750 G.L. | tubb | | 2834 |

| Perforations | Depth Casing Shoe |
|---|---|
| 2532-2560 | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 12¼ | 9-5/8 | 726 | 390 Class H |
| 8-3/4 | 7 | 2927 | 1400 Class H |
| | 3½ | 2834 | |

## V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| 138 | 24 hrs | 0 | N/A |
| **Testing Method (pitot, back pr.)** | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| flw | 113 | 0 | N/A |