

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PROMOTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company

Address
P.O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	☐ Oil	☐ Dry Gas
☐ Recompletion	☐ Casinghead Gas	☐ Condensate	
☐ Change in Ownership			

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 <u>BDCDGU 2134 311G</u>	Well No. Pool Name, including Formation <u>TUBB</u>	Kind of Lease State, Federal or Fee <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>31</u>	Township <u>21N</u>	Range <u>34E</u>	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>Box 606, Clayton, NM 88415</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> when <u>12-23-85</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.

Jeri Goldskey
Clerk (Signature)

Clerk

(Title)

12-26-85

(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature]
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	Flow well	Workover	Deepen	Plug back	Same nearby well	Drill. Res.
			X						
Date Spudded	9-26-85	Date Compl. Ready to Prod.	11-6-85	Total Depth	2708	P.B.T.D.	2655		
Elevations (DF, RKB, RT, GR, etc.)	4972 G.L.	Name of Producing Formation	tubb	Top Oil/Gas Pay		Tubing Depth	2655		
Perforations							Depth Casing Shoe		
2402-15, 2428-44, 2448-60, 2462-82, 2486-93, 2501-09, 2532-45, 2589-2604									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		9-5/8		710		390 Class H			
8-3/4		7		2708		700 Class H			

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of lost 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-Gals.	Water-Gals.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bottomhole Pressure/MMCF	Gravity of Condensate
2983	24 hrs	2983	
Testing Method (flow, back pr.)	Tubing Pressure (PSIG)	Casing Pressure (PSIG-10)	Choke Size
flw	140	0	