

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PARTIALITY OFFICE	

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

Form C-104
Revised 10-01-73
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Owner**
Amoco Production Company

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

Reason(s) for filing (Check proper box)

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

Gas Connection Notice

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

II. DESCRIPTION OF WELL AND LEASE

Lease Number BDCDGU 2034	Well No. Pool Name, including Formation 141K TUBB	Kind of Lease State, Federal or Fee state	Lease No. 6261-4
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>south</u> Line and <u>1764</u> Feet From The <u>west</u>			
Line of Section <u>14</u> Township <u>20N</u> Range <u>34E</u> , N.M.P.M. 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 5-19-86

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.

Clerk

5-19-86

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
TITLE _____

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 hole 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 filled for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug back	Same heavy	Drill new
			X						
Date Spudded	10-26-85	Date Compl. Ready to Prod.	12-1-85	Total Depth	2474	P.B.T.D.	2400		
Locations (DF, RKB, RT, CR, etc.)	4688 G.L.	Name of Producing Formation	tubb.	Top Oil/Gas Pay		Tubing Depth	1999		
Perforations							Depth Casing Shoe		
2150-72, 2184-88, 2192-96, 2202-34, 2252-93, 2296-2300, 2306-21									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2		9-5/8		704		425 SX Class H			
8-3/4		7		2474		800 SX Class H			
		3 1/2		1999					

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	Testing Pressure	Casing Pressure	Casing Size
Actual Pres. During Test	Oil-Data.	Water-Data.	Gas-MCF

GAS WELL

Actual Pres. Test-MCF/D	Length of Test	Data. Condensate/MCF	Gravity of Condensate
1525	24 hrs	2 blw	N/A
Testing Method (flow, back prod.)	Testing Pressure (Gauge-12)	Casing Pressure (Gauge-12)	Casing Size
flw	112 psi	0	N/A