

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	☒
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATION	
ADMINISTRATION	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 12-21-78
Format 000183
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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:	☐ 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 No. BDCDSU 2035	Well No. 191K	Pool Name, including Formation TUBB	Kind of Lease State, Federal or Fee fee	Lease No.
Location				
Unit Letter <u>K</u> <u>1650</u> Feet From The <u>south</u> Line and <u>1650</u> Feet From The <u>west</u>				
Line of Section <u>19</u> Township <u>20N</u> Range <u>35E</u> <u>NMPL</u> Union				

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.	Is gas actually connected?
	Yes <u>4-25-86</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 Goolsby
Clerk
4-25-86
(Signature)
(Title)
(Date)

OIL CONSERVATION DIVISION
APPROVED 4-29 19 86
BY Roy Ephraim
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 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 change of owner, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Reliner	Deepen	Plug back	Same nearby well	Drill new
			X						
Date Logged	11-5-85	Date Compl. Ready to Prod.	12-15-85	Total Depth	2492	P.S.T.D.	2445		
Location (Dr., RAB, RT, GR, etc.)	4733 G.L.	Name of Producing Formation	tubb	Top Oil/Gas Pay		Tubing Depth	2118		
Particulates							Depth Casing Shoe		
2280-2315, 2321-30, 2336-45, 2347-57, 2361-66, 2370-88									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		9-5/8		700		450 SX Class H			
8-3/4		7		2492		800 Class H			
		3 1/2		2118					

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 Well On Run To Tests	Date of Test	Producing Method (flw, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Casing Size
Actual Press. During Test	Oil/Gas	Water/Gas	Gas/MMCF

GAS WELL

Actual Press. Test - MMCF/D	Length of Test	Est. Condensate/MMCF	Gravity of Condensate
1963	24 hrs	1 blw	N/A
Testing Method (flw, pack flw)	Testing Pressure (GAS-10)	Casing Pressure (GAS-10)	Casing Size
flw	100 psi	0	N/A