

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATION	
PAYMENT OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-73
Format 0501-83
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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:	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 No.	Well No.	Pool Name, including Formation	Kind of Lease	Lease Fee
BDCDGU	2035 341F	TUBB	State, Federal or Fee	fee

Location

Unit Letter F : 1650 Feet From The north Line and 1650 Feet From The west

Line of Section 34 Township 20N Range 35E, 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)
<u>Amoco Production Company</u>	<u>Box 606, Clayton, NM 88415</u>

If well produces oil or liquids, give location of tanks.

Unit _____ Sec. _____ Twp. _____ Rge. _____

Is gas actually connected? Yes when 4-28-86

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.

Joe Goolsby
Clerk

4-28-86
(Date)

OIL CONSERVATION DIVISION

APPROVED 5-1 1986
BY Reg E. Johnson
TITLE DISTRICT SUPERVISOR

This form is to be filled in compliance with NULE 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 NULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, IV, 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	Flow well	Workover	Deepen	Plug back	Same as prev. Well	Other
			X						
Date Spudded	10-16-85	Date Complet. Ready to Prod.	1-2-86	Total Depth	2351	P.B.T.D.	2304		
Directions (SP, RAB, AT, CR, etc.)	4590 G.L.	Name of Producing Formation	tubb	Top Oil/Gas Pay		Tubing Depth	1993		
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	9-5/8		705		1390 SX Class H				
8-3/4	7		2351		1650 SX Class H				
	3 1/2		1993						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load off and must be equal to or exceed top cilia ble for this depth or be for full 24 hours)

Date First Flow On Run To Tests	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Testing Procedure	Casing Pressure	Casing Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MMCF

GAS WELL

Actual Prod. Test - MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3641	24 hrs	1	N/A
Testing Method (flow, back pr.)	Testing Pressure (SBWT-10)	Casing Pressure (SBWT-10)	Casing Size
flw	100 psi	0	N/A