

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL
	☐ GAS
OPERATION	
PARTY ATTENDING	

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

Form C-104
Revised 12-01-73
Format C-104-23
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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
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ 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 No.	BDCDUGU2035	Well No.	051J	Pool Name, including Formation	TUBB	Kind of Lease	State, Federal or Fee-free	Lease No.
Location Unit Letter <u>J</u> : <u>2160</u> Feet From The <u>south</u> Line and <u>1800</u> Feet From The <u>east</u> Line of Section <u>5</u> Township <u>20N</u> Range <u>35E</u> , N.M.P.M., <u>Union</u> 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 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? Yes when 5-19-86

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts II' 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.

Jerry J. Gable
Clerk
5-19-86
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1986
BY _____
TITLE _____

This form is to be filled 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	Steam well	Waterover	Deepen	Plug back	Same as prev.	Other
			X						
Date Spudded	10-27-85	Date Comp. Ready to Prod.	12-1-85	Total Depth	2425	P.B.T.D.	2350		
Direction (N, S, E, W, etc.)	4663 G.L.	Name of Producing Formation	tubb.	Top Oil/Gas Pay		Tubing Depth	2067		
Perforations	2228-44, 2250-56, 2276-82						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/2	9-5/8		706		1405 SX Class H				
8-3/4	7		2425		1650 SX Class H				
	3 1/2		2067						

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 ci. able for this depth or be for full 24 hours)

Date First Run Oil Run To Test	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Chase Size
Actual Pric. During Test	Oil Data	Water Data	Gas-MCF

GAS WELL

Actual Pric. Test-MCF/D	Length of Test	Data. Condensate/MCF	Gravity of Condensate
629	24 hrs	0	N/A
Sealing Method (plug, back pr.)	Tubing Pressure (GHT-12)	Casing Pressure (EDGT-12)	Chase Size
flw	57 psi	0	N/A