

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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. OPERATOR
Amoco Production Company

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain) <u>Gas Connection Notice</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate		
<input type="checkbox"/> Change in Ownership				

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

II. DESCRIPTION OF WELL AND LEASE

Lease No. <u>BDCDGU 2135</u>	Well No. <u>321G</u>	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>32</u>	Township <u>21N</u>	Range <u>35E</u>	County <u>Union</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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? when
	<u>Yes</u> <u>5-19-86</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.

Jean Goodwin
Clerk
(Title)
5-19-86
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1986
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 deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowables 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	New well	Workover	Deepen	Plug back	Same as prev.	Drill. new
			X						
Date Spudded	11-3-85	Date Compl. Ready to Prod.	1-10-86	Total Depth	2402	P.B.T.D.	2306		
Elevations (DF, RKB, AT, CR, etc.)	4640 G.L.	Name of Producing Formation	tubb.	Top Oil/Gas Pay		Tubing Depth	1955		
Perforations							Depth Casing Shoe		
2112-16, 2122-42, 2146-49, 2154-63, 2166-84, 2189-2224									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 $\frac{1}{2}$		9-5/8		700		890 SX Class H			
8-3/4		7		2402		700 SX Class H			
		3 $\frac{1}{2}$		1955					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load 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	Casing Size	
Actual Prcd. During Test	Oil-Dbls.	Water-Dbls.	Gas-MCF	

GAS WELL

Actual Prcd. Test-MCF/D	Length of Test	Dbls. Condensate/MMCF	Gravity of Condensate
1780	24 hrs	3 BLW	N/A
Producing Method (Flow, gas lift, etc.)	Tubing Pressure (EGGT-10)	Casing Pressure (EGGT-10)	Casing Size
flw	72 psi	0	N/A