Amoco Production Company (USA)
P.O. BOX 606
CLAYTON, NM 88415

May 7, 1986

NOTICE OF GAS CONNECTION

THIS IS TO NOTIFY THE OIL CONSERVATION DIVISION THAT CONNECTION FOR PURCHASE OF GAS FROM AMOCO PRODUCTION COMPANY'S BRAVO DOME CARBON DIOXIDE GAS UNIT WELL NO. 1935 091K, METER STATION NO. 632256, LOCATED IN UNIT LETTER K, SECTION 9, TOWNSHIP 19 NORTH, RANGE 35 EAST, UNION COUNTY NEW MEXICO, BRAVO DOME 640 ACRE AREA WAS MADE ON MAY 5, 1986 BY AMOCO PRODUCTION COMPANY. FIRST DELIVERY DATE: MAY 6, 1986.

Purchaser: AMOCO PRODUCTION COMPANY

Representative: [signature]

Title: Clerk

CC: AMOCO - HOBBS,NM

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PRORATION OFFICE	

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead 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 Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
BDCDGU 1935	091K	TUBB	State, Federal or Fee fee	

Location
Unit Letter K : 2310 Feet From The south Line and 2310 Feet From The west
Line of Section 9 Township 19N Range 35E NMPM, 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	5-5-86

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.

(Signature)
Clerk
(Title)
5-7-86
(Date)

OIL CONSERVATION DIVISION

APPROVED 5-12, 19 86
BY
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 deviation 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 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 Resv.	Diff. Resv.
		X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-23-85	1-10-86	2380	2350

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4620 G.L.	tubb		1935

Perforations	Depth Casing Shoe
2099-2108, 2117-27, 2130-43, 2146-59, 2166-71, 2173-90, 2193-2206, 2207-20, 2222-25, 2227-36, 2238-42, 2248-55, 2260-82	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼	9-5/8	704	390 sx Class H
8-3/4	7	2380	650 sx Class H
	3½	1935	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, Gas Lift, etc.)	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2444	24 hrs	3 blw	N/A
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
flw	82 psi	0	N/A