

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-73
Format 05-01-83
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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
☐ 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.	<u>BDCDGU</u>	<u>2035</u>	Well No.	<u>331K</u>	Pool Name, Including Formation	<u>TUBB</u>	Kind of Lease	<u>State, Federal or Fee</u>	Fee	Lease No.
Location										
Unit Letter	<u>K</u>	<u>2310</u>	Feet From The	<u>South</u>	Line and	<u>1650</u>	Feet From The	<u>West</u>		
Line of Section	<u>33</u>	Township	<u>20N</u>	Range	<u>35E</u>	County	<u>Union</u>			

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)
<u>Amoco Production Company</u>	<u>Box 606, Clayton, NM 88415</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> when <u>4-28-86</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.

Joe Goolsby
Clerk

4-29-86
(Date)

OIL CONSERVATION DIVISION
APPROVED 5-1 86
BY For E. Phelan
TITLE DISTRICT SUPERVISOR

This form is to be filed 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 tests 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, 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	Flow well	Workover	Deepen	Plug back	Some heavy	Other
			X						
Date Logbook	11-22-85	Logbook ready to Prod.	1-10-86	Total Depth	2419	P.S.T.D.	2362		
Logbook (OP, RAB, RT, CR, etc.)	4655	Name of Producing Formation	tubb	Top Oil/Gas Pay		Tubing Depth	1971		
Perturbations	2159-66, 2170-2200, 2207-26, 2230-41, 2243-48, 2258-84						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	9-5/8		693		Class H				
8-3/4	7		2419		Class H				
	3 1/2		1971						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Text must be after recovery of total volume of load off and must be equal to or exceed top cills able for into depth or be for full 24 hours)

Date First Now On Run To Test	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Boils.	Water-Boils.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Boils. Condensate/MMCF	Gravity of Condensate
1781	24 hrs	6 blw	N/A
Testing Method (Flow, Back Pk.)	Tubing Pressure (Gauge-12)	Casing Pressure (Gauge-12)	Choke Size
flw	100 psi	0	N/A