

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of PageSubmit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240**DISTRICT II**
P.O. Drawer DD, Artesia, NM 88210**DISTRICT III**
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O.Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Amoco Production Company	Well API No. 30-015-22650
Address P.O. Box 3092, (Rm 17.182) Houston, Texas 77253-00	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Teledyne /18/	Well No. 1	Pool Name, Including Formation Laguna Salado - Morrow	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>J</u> : <u>1800</u> Feet From The <u>South</u> Line and <u>2180</u> Feet From The <u>East</u> Line Section <u>18</u> Township <u>23-S</u> Range <u>29-E</u> , NMPM, Eddy, NM 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>18</u>	Twp. <u>23S</u>	Rge. <u>29E</u>	Is gas actually connected? Yes	When? 01-22-93

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 01-26-79	Date Compl. Ready to Prod. 01-22-93		Total Depth 13324'		P.B.T.D. 13284'			
Elevations (DF,RKB,RT,GR,etc.) 2954.4 GL	Name of Producing Formation Morrow		Top Oil/Gas Pay 12816'		Tubing Depth 12693'			
Perforations 12816' - 12830' W/r JSPF					Depth Casing Shoe 13324'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	424'	500 sx Cmt
14-3/4"	10-3/4"	2688'	1650 sx Lite x 200 sx CI C
9-1/2"	7-5/8"	11406'	1700 sx Lite x 300 sx CI H
6-1/2"	5"	11406'-13324'	360 sx CI H

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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 1-23-93	Length of Test 24 hours	Bbls. Condensate/MMCF 4.028 MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 450	Casing Pressure (Shut-in)	Choke Size 48/64"

VI. OPERATOR 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 above is
true and complete to the best of my knowledge and belief.

Devina M. Prince
Signature
Devina M. Prince
Printed Name
01-29-93
Date

Staff Assistant
Title
(713) 596-7686
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 31 1993By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.