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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 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE (Testing)
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
AMOCO PRODUCTION COMPANY

Address
P.O. BOX 68 HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain) Request for 2000 bbl testing allowable For Month of March, 1986 Delaware 6577-6144
☒ Recompletion	☒ Oil	
☐ Change in Ownership	☐ Casinghead Gas	
	☐ Dry Gas	
	☐ Condensate	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brantley "B"	Well No. 1	Pool Name and/or Formation W. E. Eddy Delaware	Kind of Lease State, Federal or Free Free	Lease No.
Location Unit Letter J 1980 Feet From The South Line and 1980 Feet From The East Line of Section 24 Township 23-S Range 28-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit J Sec. 24 Twp. 23 Rge. 28	Is gas actually connected? No When

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.

Beverly A. Ottwell
(Signature)
SENIOR ADMINISTRATIVE ANALYST
(Title)
3-4-86
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 6 1986

Original Signed By
Les A. Clements
Supervisor District II

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 route 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 as prev. ☐	Drill R. ☐
Date Spudded 11-17-79	Date Compl. Ready to Prod. *	Recomp.			Total Depth 13240'	P.B.T.D. 6265'			
Elevations (DF, RKB, RT, GR, etc.) 2967.8' GL	Name of Producing Formation Eddy Delaware		Top Oil/Gas Pay 6074'		Tubing Depth 4003'				
Perforations 6074' - 6144'						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	390'	500 at Class C Cve.
14 3/4"	10 3/4"	2672'	2050 at Lte x 200 at Cl. C
9 1/2"	7 5/8"	10065'	1700 at Lte x 300 at Cl. C
	2 3/8"	4003'	

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 of 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
Testing Method (pilot, sock pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

* Have not completed operations - Request for testing allowable