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RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

Santa Fe			
File			
BLM			
Land Office			
B of M			
Operator			
	Santa Fe		
	Oil		
	Gas		
	Transporter		
	Operator		

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Amoco Production Company</u>	Well API No. <u>30-015-23380</u>
Address <u>P.O. Box 3092 Houston, TX 77253</u>	
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 type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State IN</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Mosley Canyon STRAWN</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No. <u>LB-5172</u>
Location Unit Letter <u>G</u> : <u>1984</u> Feet From The <u>North</u> Line and <u>1966</u> Feet From The <u>East</u> Line Section <u>1</u> Township <u>24S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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)
<u>El Paso Natural Gas CO.</u>	<u>P.O. Box 1492 El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	<u>yes</u> <u>2-18-81</u>

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	<u>4-18-89</u>	<u>10880</u>	<u>10205</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3937 GR</u>	<u>Strawn</u>	<u>9240</u>	<u>9148</u>					
Perforations	Depth Casing Shoe							
<u>9240'-9465'</u>								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>13 3/8"</u>	<u>48 #</u>	<u>400'</u>	<u>450 Pwt ID-2</u>					
<u>9 5/8"</u>	<u>36 #</u>	<u>2700'</u>	<u>1550 7-14-89</u>					
<u>5 1/2"</u>	<u>15.5 - 17 #</u>	<u>10880'</u>	<u>2215 comp Strawn</u>					
	<u>2 3/8</u>	<u>9148</u>						

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>1200</u>	<u>24 hrs.</u>	<u>1661</u>	<u>57</u>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Flow</u>	<u>Flowing 668 psi</u>	<u>50 psi</u>	<u>3/4"</u>

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.

Amelia Hartman

Signature Amelia Hartman Asst Admin Analyst

Printed Name 6-30-89 (713) 584-7442 Title

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 7 1989

By 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.