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Appropriate District Office  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company		Well API No. 30-015-26684
Address P. O. Box 3092, Houston, TX 77253		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brantley	Well No. 2	Pool Name, including Formation Loving Delaware, East	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No.
Location Unit Letter <u>J</u> : <u>1872</u> Feet From The <u>South</u> Line and <u>1653</u> Feet From The <u>East</u> Line Section <u>22</u> Township <u>23-S</u> Range <u>28-E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, TX 79604	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks. <u>Test Tanks</u>	Unit <u>J</u> Sec. <u>22</u> Twp. <u>23-S</u> Rge. <u>28-E</u>	Is gas actually connected? <u>yes</u> When? <u>9-4-91</u>
If this production is commingling with that from any other lease or pool, give commingling order number.		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/4/91	Date Compl. Ready to Prod. 5/3/91		Total Depth 6323'		P.B.T.D. 6271'			
Elevations (DF, RKB, RT, GR, etc.) 3033.8' GR	Name of Producing Formation Loving Delaware, East		Top Oil/Gas Pay Top:6106'; Bottom:6202'		Tubing Depth 6000'			
Perforations 6106-32; 6136-39; 6160-72; 6194-6202 (4 JSPF)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		550'		600 <u>Part ID-2</u>			
7-7/8"	5-1/2"		6300'		2100 <u>6-21-91</u>			
Tubing:		2-7/8"	6000'		<u>comp &amp; B.H.</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 5/3/91	Date of Test 5/3/91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 1130	Casing Pressure 0	Choke Size 15/64
Actual Prod. During Test	Oil - Bbls. 104.0	Water - Bbls. 143	Gas - MCF 773

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Kim A. Colvin  
Signature  
Kim A. Colvin Asst. Admin. Analyst  
Printed Name  
5/13/91 713/596-7686  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 18 1991

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.