

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <i>Ameco Production Company</i>	COMINGLED GAS MUST NOT BE PLANNED UNDER <i>9-6-86</i> UNLESS AN EXCEPTION TO R-1070 IS OBTAINED.
Address <i>P.O. Box 68 Hobbs, NM 88240</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <i>Request allowable to produce.</i>

If change of ownership give name WELL HAS BEEN PLACED IN THE POOL
and address of previous owner _____ NOTIFIED BELOW. IF YOU DO NOT CONCUR

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>State A</i>	Well No. <i>41</i>	Pool Name, including Formation <i>Bowers Seven Rivers</i>	Kind of Lease State, Federal or Fee <i>State</i>	Lease No. <i>A-1212</i>
Location				
Unit Letter <i>G</i>	: <i>1650</i>	Feet From The <i>North</i> Line and	<i>1650</i>	Feet From The <i>East</i>
Line of Section <i>09</i>	Township <i>19-3</i>	Range <i>38-E</i>	N.M.P.M., <i>Lea</i> 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)					
<i>Shell Pipeline Company</i>	<i>P.O. Box 1008, Hobbs, NM 88240</i>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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	Sec.	Twp.	Range	Is gas actually connected?	When
	<i>G</i>	<i>09</i>	<i>19</i>	<i>38</i>	<i>No - TSTM</i>	

If this production is comingled with that from any other lease or pool, give comingling 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.

Charles M. Lerring
(Signature)
Administrative Analyst (SG)
(Title)
7/21/86
(Date)

OIL CONSERVATION DIVISION
APPROVED _____
BY *JERRY SEXTON*
DISTRICT I SUPERVISOR
TITLE _____

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 tests 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 <input checked="" type="checkbox"/>	Gas well <input type="checkbox"/>	Flow no.	Flow rate	Depth	Plug back	Same as v. Diff. Rec.
Open hole O.C. 6-10-86		Date Compl. Ready to Prod. 7-19-86		Total Depth 4,220'		P.B.T.D. 3,720'		
Elevations (DF, RKB, BT, GR, etc.) 3612' RDB		Name of Producing Formation Seven Rivers		Top Oil/Gas Fcy 3194'		Tubing Depth 3311'		
Perforations 3194-3202', 3220-26', 3254-63', 3290-3300'						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING				DEPT. - SET		SACKS CEMENT		
HOLE SIZE		CASING & TUBING SIZE		DEPT. - SET		SACKS CEMENT		
12 1/4"		8 5/8"		367'		250 SX		
7 7/8"		5 1/2"		4222'		475 SX		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load cell and must be equal to or exceed top allow-able for this dept. or bc for full 24 hrs.)

Date First Flow Oil Run To Surface 7-6-86	Date of Test 7-19-86	Producing Method (flow, pump, gas, etc.) Pumping	Choke size
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke size
Actual Prcd. During Test 12	Oil-Units 2	Water-Units 10	Gas-Units TSTM

GAS WELL

Actual Prcd. Test - MCF/D	Length of Test	B. s. Condensate / MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Chart-10)	Casing Pressure (Chart-10)	Choke Size