

OIL CONSERVATION DIVISION

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

OIL CONSERVATION DIVISION
RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

NOV 27 AM 8 53

I.

Operator <u>Amoco Production Company</u>	Well API No. <u>30-021-20138</u>
Address <u>P.O. Box 606 Clayton, New Mexico 88415</u>	
Reason(s) for Filing (Check proper box) New Well ☐ ☒ Other (Please explain) Recompletion ☐ Change in Transporter of: Change in Operator ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ <u>Connect well to gathering system</u>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>BDCDGL 2033</u>	Well No. <u>301</u>	Pool Name, including Formation <u>Bravo Dome - 640</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No. <u>589A</u>
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>30</u> Township <u>20N</u> Range <u>33E</u> NMPM, <u>Harding</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
<u>Amoco Prod. Company</u>	<u>P.O. Box 606 Clayton, New Mexico 88415</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<u>yes</u>	<u>10/8/93</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	Drill Res'v
		<u>X</u>						
Date Spudded <u>4/30/81</u>	Date Compl. Ready to Prod. <u>10/8/93</u>		Total Depth <u>2780</u>		P.B.T.D. <u>2565</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5090 GL</u>	Name of Producing Formation <u>Tubb</u>		Top Oil/Gas Pay <u>2512</u>		Tubing Depth <u>2495</u>			
Perforations <u>2512-2565</u>					Depth Casing Shoe <u>2780</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8" 24#</u>	<u>713</u>	<u>500 SKS</u>
<u>7 7/8"</u>	<u>5 1/2" 14#</u>	<u>2780</u>	<u>1100 SKS</u>
	<u>27 8/16" 69</u>	<u>2495</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 <u>938</u>	Length of Test <u>72 hrs</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) <u>back pr</u>	Tubing Pressure (Shut-in) <u>310</u>	Casing Pressure (Shut-in) <u>0</u>	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.

Billy E. Prichard
Signature
Billy E. Prichard Field Foreman
Printed Name
10/8/93
Date
5053743053
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 10/28/93

By [Signature]

Title DISTRICT SUPERVISOR

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.