STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
AMOCO PRODUCTION COMPANY

Address
P. O. Box 606, Clayton, New Mexico 88415

Reason(s) for filing (Check proper box)

- [XX] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
BDCDGU 1833 031G		Und. Tubb	State, Federal or Fee	

Location
Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East Line of Section 3 Township 18N Range 33E , NMPM, Harding 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 [XX] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Amoco Production Company	P. O. Box 606, Clayton, NM 88415

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	7-16-85

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.

Danny Holcomb
(Signature)

Administrative Supervisor
(Title)

7-16-85
(Date)

OIL CONSERVATION DIVISION

APPROVED 7-26, 19 85

BY Ray Johnson

TITLE DISTRICT SUPERVISOR

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.

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IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil well	Gas well	New well	Workover	Deepen	Plug back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-29-84	10-28-84	2775'	2700'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4773' GL	Tubb		

Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	9-5/8"	725'	390 SX
	7"	2778'	1150 SX
	3½"	2777	

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 allowable for this depth or be for full 24 hours)

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~~ PD	Gravity of Condensate
1126	24 hrs.	1	N/A
Testing Method (pilot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	N/A	N/A	N/A

INCLINATION REPORT

(One Copy Must Be Filed With Each Completion Report.)

1. FIELD NAME

2. LEASE NAME: BDCDGU

Well Number: 1833-031G

3. OPERATOR: AMOCO Production Co.

4. ADDRESS: P.O. Box 606, Clayton, N.M. 88415

5. LOCATION: T 18N R 33E, Sec 3 "G"

County

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
150	150	1/4	0,44	0,65	0,65
325	175	1/4	0,44	0,76	1,01
700	375	1/2	0,87	3,27	4,69
1125	425	3/4	1,31	5,56	10,25
1475	350	3/4	1,31	4,58	14,83
1800	325	1	1,75	5,67	20,50
2220	420	1	1,75	7,33	27,83
2400	180	1	1,75	3,14	30,97
2765	365	1 1/4	2,18	7,96	38,93

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no

18. Accumulative total displacement of well bore at total depth of 2775 feet = 38.93 feet.

*19. Inclination measurements were made in – ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe

20. Distance from surface location of well to the nearest lease line _____ feet.

21. Minimum distance to lease line as prescribed by field rules _____ feet.

22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? No.

(If the answer to the above question is "yes", attach written explanation of the circumstances.)

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the above results.

Drilling Contractor Baker & Taylor Drilling Co.

By David P. Myers

Subscribed and sworn to before me this 5th day of November 1984

SUE BAER
Notary Public, State of Texas
My Commission Expires 6/9/1988

Sue Baer
Notary Public

My Commission Expires:

_____

Potter County, Texas