

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
Page 1

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DISTRIBUTION		
SANTA FE	FILE	☒
U.S.G.S.	LAND OFFICE	
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company

Address
P. O. Box 832; Brownfield, TX 79316

Reason(s) for filing (Check proper box)

☐ New Well	☐ Change in Transporter of:	Other (Please explain) Gas Connection Notice
☐ Recompletion	☐ Oil ☐ Dry Gas	
☐ Change in Ownership	☐ Casinghead Gas ☐ Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name BDCDGU	1934	Well No. 262G	Pool Name, including Formation Tubb	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location					
Unit Letter G	1650	Feet From The North	1650	Feet From The East	
Line of Section 26	Township 19-N	Range 34-E	NMPM, Union 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)
Amoco Production Company	P. O. Box 832; Brownfield, TX 79316
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? When
	Yes 10-25-84

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.

OJ Holcomb
(Signature)
Sr. Administrative Analyst

August 19, 1987

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED 9-10, 19 87
BY R. E. 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.

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						
Date Spudded 1-10-84	Date Compl. Ready to Prod. 3-14-84	Total Depth 2570'			P.B.T.D. 2500'				
Elevations (DF, RKB, RT, GR, etc.) 4733' GL	Name of Producing Formation Tubb	Top Oil/Gas Pay 2160'			Tubing Depth 2012'				
Perforations 2160'-2359'						Depth Casing Shoe 2277'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		705'		390 sx Class H			
8 3/4"		7"		2277'		600 sx Class H			
--		3 1/2"		2012'		--			

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)

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 2531	Length of Test 23 hrs	Bbls. Condensate/MMCF 10.3	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 337	Casing Pressure (Shut-in) 0	Choke Size N/A