

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF PERMITTING AGENCIES	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-73
Format 00-01-23
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Owner**
Amoco Production Company

Address
P.O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

☐ New Well	☐ Change In Transporter of:	☐ Other (Please explain)
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change In Ownership	☐ Confinement Gas	☐ Condensate

Gas Connection Notice

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

II. **DESCRIPTION OF WELL AND LEASE**

Lease No.	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
BDCDGU	1835	2016 TUBB	State, Federal or Fee	Fee

Location

Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East

Line of Section 20 Township 18-N Range 35-E , N.M.P.S. Union Country

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 Gasincondensate Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Amoco Production Company Box 606, Clayton, NM 88415

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge.

Is gas actually connected? Yes when 1-26-85

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.

John S. Gentry
Clerk (Signature)

5-19-86
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with NULE 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 deviated hole taken on the well in accordance with NULE 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	Steam well	Waterover	Deepen	Plug back	Same as last	Other
Date completed		11-2-83		12-13-83		Total Depth		2958	
Location (DP, RKB, AT, GA, etc.)		4673		G.L.		Name of Producing Formation		tubb	
Perforations		2446-58, 2461-86, 2488-2518		P.B.T.D.		2800		Tubing Depth	
						2800		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2		9-5/8		725		390			
8-3/4		7		12958		700			
		3 1/2		12800		Class H			
						Class H			

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 Methods (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Casing Size
Actual Press. During Test	Oil-DBP	Water-DBP	Gas-MCF

GAS WELL

Actual Press. Test-MCF/D	Length of Test	DBP, Condensate/MCF	Gravity of Condensate
1958	24 hrs	3	N/A
Testing Method (DP, RKB, AT, GA, etc.)	Tubing Pressure (DBP-10)	Casing Pressure (DBP-10)	Casing Size
flw	109	0	N/A