

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Amoco Production Company

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

Reason(s) for filing (Check proper box):

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

Other (Please explain): Request allowable to produce

Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Horton Federal	Well No. 34	Pool Name, Including Formation Milnesand San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM0145685
Location Unit Letter <u>I</u> : <u>2280</u> Feet From The <u>South</u> Line and <u>865</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>8-S</u> Range <u>35-E</u> , NMPM, <u>Roosevelt</u> 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"/> Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, TX
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 <u>I</u> Sec. <u>30</u> Twp. <u>8-S</u> Rge. <u>35-E</u>	Is gas actually connected? <u>No</u> When _____

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.

Cathy L. Forman
(Signature)

Asst. Admin. Analyst

(Title)

2-10-84

(Date)

0+5-NMOCD,H 1-R.E.Ogden,Hou 1-F.J.Nash,Hou
1-CLF

OIL CONSERVATION DIVISION

APPROVED _____, 1984
BY ORIGINAL SIGNED 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 12-15-83	Date Compl. Ready to Prod. 1-30-84	Total Depth 4800'				P.B.T.D. 4775'			
Elevations (DF, RKB, RT, GR, etc.) 4211.8' GL	Name of Producing Formation Milnesand San Andres	Top Oil/Gas Pay 4670'				Tubing Depth 4751'			
Perforations 4670'-4706' & 4720'-4748' w/4 JSPF						Depth Casing Shoe 4800'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		400'		250 C1 C w/2% CaCl2				
7-7/8"	5-1/2"		4800'		1350 C1 C w/add & 475				
	2-7/8"		4751'		C1 C neat				

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 1-13-84	Date of Test 1-30-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 28 psi	Choke Size
Actual Prod. During Test 62 BO, 475 BW, 15 MCFD	Oil - Bbls. 62	Water - Bbls. 475	Gas - MCF 15

GAS WELL

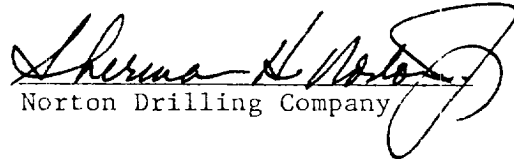
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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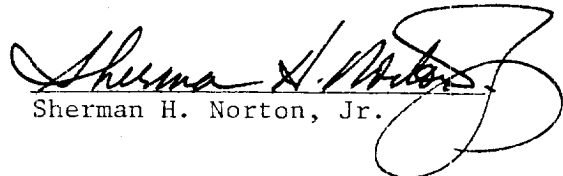
Deviation surveys taken on Amoco Production Company's Horton Federal #34 in Roosevelt County, New Mexico:

<u>Depth</u>	<u>Degree</u>
400	.25
913	.25
1388	.75
1866	.50
2225	.75
2717	1.00
3189	1.00
3660	1.00
4124	1.00
4385	.75
4800	.50

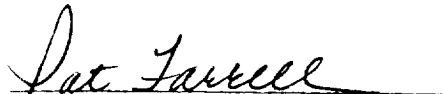
I hereby certify that I have personal knowledge of the date and facts placed on this sheet and that such information given above is true and complete.


Norton Drilling Company

Before me, the undersigned authority, on this day personally appeared Sherman H. Norton, Jr., known to me to be the person whose name is subscribed hereto, who, after being duly sworn, on oath states that he is the drilling contractor of the well identified in this instrument and that such well was not intentionally deviated from the vertical whatsoever.


Sherman H. Norton, Jr.

SWORN AND SUBSCRIBED TO before me this 30th day of December 1983.


Notary Public in and for
Lubbock County, Texas

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G.C.P.
HODES OFFICE