

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  
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**AMOCO PRODUCTION COMPANY**

Address  
**P. O. Box 68, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other: **CASINGHEAD GAS MUST NOT BE FLARED AFTER 10/10/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State HB Com</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Baum Upper Penn</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>LG-4904</b>
Location Unit Letter <b>M</b> : <b>570</b> Feet From The <b>South</b> Line and <b>540</b> Feet From The <b>West</b>				
Line of Section <b>18</b> Township <b>13-S</b> Range <b>33-E</b> NMPM, <b>Lea</b> 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"/> <b>AMOCO PRODUCTION COMPANY (trucks)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, TX 77001</b>
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 <b>M</b> Sec. <b>18</b> Twp. <b>13-S</b> Rge. <b>33-E</b>	Is gas actually connected? <b>No</b> 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.

*Bonita Coble*  
(Signature)

Administrative Analyst

8-24-84

(Date)

OIL CONSERVATION DIVISION

APPROVED

**AUG 30 1984**

BY

**ORIGINAL SIGNED BY JERRY GUSTON**

TITLE

**DISTRICT I 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.

0+5-NMOCD,H

1-JR. Barnett, HOU Rm. 21.156

1-FJ. Nash, HOU 4.206

1-BFC

1-Sunburst

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Heavy	Diff. Heavy
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
7-2-84	8-22-84		10000'			9947'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
4291.6'	Upper Penn		9652'			9906'			
Perforations						Depth Casing Shoe			
9652'-9884'									

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	13-3/8"	439'	475 sx, circ. 140 sx
11"	8-5/8"	4061'	1960 sx
7-7/8"	5-1/2"	9995'	2225 sx, circ. 42 sx
	2-7/8"	9906'	

#### 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.)	
8-10-84	8-20-84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	138	7	300

#### 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

REC'D  
AUG 23 1984  
HOBBS OFFICE