

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O.Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Amoco Production Company		Well API No. 30-025-23334
Address P.O. Box 3092, Rm 17.182 Houston, Texas 77253-3092		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Reopen Upper Blinebry zone and downhole commingle with Lower Blinebry per DHC 880. Transporter Change Effective 6-15-93
Recompletion <input checked="" type="checkbox"/>		
Change in Operator <input type="checkbox"/>		

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name State G	Well No. 6	Pool Name, Including Formation Hobbs Upper Blinebry	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. A-1573
Location Unit Letter F : 1980 Feet From The North Line and 1650 Feet From The West Line Section 33 Township 18-S Range 38-E ,NMPM, Lea, NM 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"/> Phillips Petroleum (Trucks)	Address (Give address to which approved copy of this form is to be sent) 9 C3 Adams Building, Bartlesville, OK 74004
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 F Sec. 33 Twp. 18S Rge. 38E	Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 880

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-20-69	Date Compl. Ready to Prod. 05-19-93	Total Depth 7041'		P.B.T.D. 6491'				
Elevations (DF,RKB,RT,GR,etc.) 3644 GR	Name of Producing Formation Blinebry Upper	Top Oil/Gas Pay 5930		Tubing Depth				
Perforations 5930-5962				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
NO CHANGE								

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank 05-19-93	Date of Test 05-19-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs	Tubing Pressure 54 (Shut in)	Casing Pressure 245 (Shut in)	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 1.5	Water - Bbls. 0	Gas - MCF 157.90

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Devina M. Prince
Printed Name Devina M. Prince Staff Assistant
Title
Date 06-15-93 Telephone No. (713) 596-7686

OIL CONSERVATION DIVISION

Date Approved JUN 21 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUN 18 1993

OCD HOBBS
OFFICE