

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	NATURAL 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)

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

Other (Please explain)
To show recompletion from Morrow to Strawn

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Nellis Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Buffalo Penn Gas</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-077002</u>
Location				
Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>6</u> Township <u>19-S</u> Range <u>33-E</u> , NMPLM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Amoco Production Company Trucks</u>	<u>P.O. Box 1183, Houston, TX 77001</u>
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)
<u>Gas Company of New Mexico</u>	<u>P.O. Box 267, Albuquerque, NM 87103</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>0</u> Sec. <u>6</u> Twp. <u>19</u> Rge. <u>33</u>	<u>yes</u> <u>2-16-84</u>

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.

Mary C. Clark
(Signature)
AAA
(Title)
6-11-84
(Date)

OIL CONSERVATION DIVISION
JUN 14 1984
APPROVED _____, 10
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.

0+5 NMUCD, H 1-J.R. Barnett, Hon 1-F.J. Nash, Hon
1-GCC

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date XXXX OC 2-2-84	Date Compl. Ready to Prod. 2-29-84		Total Depth 13,670		P.B.T.D. 13,165				
Elevations (DF, RKB, RT, GR, etc.) 3680.7' GL	Name of Producing Formation Buffalo Penn Gas		Top Oil/Gas Pay 12,376-12,384		Tubing Depth 12,385				
Perforations 12,376-13,384' w/4JSPF						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		430'		430' sx Class 'H'				
12-1/4"	9-5/8"		5001'		2400 sx Lite, 200 CI 'C'				
8-3/4"	5-1/2"		13669'		1750 sx Lite, 1250 CI 'H'				
	2-3/8"		12385'						

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 467	Length of Test 24 hrs	Bbls. Condensate/MMCF 280.5	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 720	Casing Pressure (Shut-in)	Choke Size 20/64

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O.C.O.
HOBBS OFFICE