

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

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

Approval to flare casinghead gas from
this well must be obtained from the
BUREAU OF LAND MANAGEMENT (BLM)

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company Well API No. 30-025-26008

Address
P. O. Box 3092 (Room 16.110), Houston, TX 77253-3092

Reason(s) for Filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: Well renamed to Nellis Federal No. 9
Recompletion ☒ Oil ☒ Dry Gas ☐ Originally named Nellis Federal B Gas Com #1
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nellis Federal	Well No. 9	Pool Name, including Formation Buffalo Yates	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NM 077002
Location Unit Letter F 1980 Feet From The North Line and 1980 Feet From The West Line Section 5 Township 19-S Range 33-E, NMPM, Lea 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"/> Amoco Pipeline Intercompany Trucking	Address (Give address to which approved copy of this form is to be sent) 502 N. West Avenue, Levelland, TX 79336
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. 5 Twp. 19S Rge. 33E Is gas actually connected? No When?
If this production is commingled with that from any other lease or pool, give commingling order number.	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded 2-15-79	Date Compl. Ready to Prod. 5-14-92	Total Depth 13689	P.B.T.D. 13609					
Elevations (DF, RKB, RT, GR, etc.) 3705.5	Name of Producing Formation Buffalo Yates	Top Oil/Gas Pay	Tubing Depth 3731					
Perforations 5/15/92 3610-3628' 4 spf with 112 total (.44 perf size)			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT Wt p/Ft					
17-1/2"	13-3/8"	450'	Circulate 54.5#					
12-1/4"	9-5/8"	5000'	Circulate 40 #					
8-3/4"	5-1/2"	13950'	Circulate 15.5#, 17#					
Tubing: 2-7/8"		3731'						

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 6-5-92	Date of Test 6-5-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 0	Gas - MCF 0

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pucc, 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 Staff Assistant
Printed Name
9-8-92 (713) 596-7686
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 08 '92

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.

Noted lease name change E
Faxes to Beth 9-13-92 E

10/1/97

10/1/97

RECEIVED
SEP 18 1997
OCD HOBBS OFFICE