STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
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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, NEW MEXICO 88240

Reason(s) for filing (Check proper box)
- [X] New Well — Re-entry
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [X] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain): Request for Allowable to Produce Well

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

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

II. DESCRIPTION OF WELL AND LEASE — 6-1-86, 15-8233 Wildcat Buffalo Yates

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Nellis Federal	3	~~Undesignated~~ Yates-Seven Rivers	Federal	NM077002

Location
Unit Letter F : 1980 Feet From The North Line and 1980' Feet From The West

Line of Section 6 Township 19-S Range 33-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Amoco Production Company (Trucks)	P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	6	19	33	No	

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.

Beverly A. Otwell
(Signature)
ADMINISTRATIVE ANALYST
(Title)
2-14-86
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 19 1986, 19__

BY ~~ORIGINAL SIGNED BY JERRY SEXTON~~

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.

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Page 2

IV. COMPLETION DATA

Re-entry

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reserv.	Diff. Res.
	X		X					

Date ~~Spudded~~ Recomp.	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-6-85	2-7-86	13715'	4015'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3699.7' GL	Yates-Seven Rivers	3530'	3632'

Perforations	Depth Casing Shoe
3530 - 3576	13710'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13 3/8" 48#	471'	500 sx Cl. C
12¼"	9 5/8" 36#	5003'	2380 sx BJ Lite & 200 sx Cl. C
8¾"	5½" 17# - 20#	4087' - 13710'	1380 sx Trinity Lite & 1325 sx Cl. H
	2⅜"	3632'	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
2-7-86	2-8-86	Pumping

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	173	8	145

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

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