

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
Page 1

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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)

☒ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

Request 2000 Barrel Testing Allowable

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Nellis Federal</i>	Well No. <i>3</i>	Pool Name, including Formation <i>Und. Yates-Seren Rivers</i>	Kind of Lease <i>Federal</i>	Lease No. <i>NM 077002</i>
Location				
Unit Letter <i>F</i>	: <i>1980'</i>	Feet From The <i>North</i>	Line and <i>1980'</i>	Feet From The <i>West</i>
Line of Section <i>6</i>	Township <i>19-S</i>	Range <i>33-E</i>	, NMPL, <i>Lea</i> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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. Ottwell
(Signature)
Sr. ADMINISTRATIVE ANALYST
2-5-86
(Date)

OIL CONSERVATION DIVISION
APPROVED **FEB 7 - 1986**
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 NMOC-D-H, 1 JRB, 1-FJN 1-BAO 1-Susp

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug back	Same heavy	Diff. Res.
		X		X					
Date Completed Recomp. 12-6-85	Date Compl. Ready to Prod. *	Total Depth 13715'			P.B.T.D. 4015'				
Elevations (DF, RKB, RT, GR, etc.) 3699.7' GL	Name of Producing Formation Yates - Seven Rivers	Top Oil/Gas Pay 3530'			Tubing Depth 3632				
Perforations 3530' - 3560'					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8" 48#		471'		500 # CL. C				
12 1/4"	9 5/8" 36#		5003'		2380 # BOLT & 200 # CL. C				
8 3/4"	5 1/2" 17-20#		4087' - 13,710'		1380 # Trinity L.T. & 1325 # CL. H				
	2 3/8"		3632'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Gauge - 10)	Casing Pressure (Gauge - 10)	Choke Size

* Have not completed operations.
Request for Testing Allowable.

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C. C. D.
ROBERTS OFFICE