STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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, NEW MEXICO 88240

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

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

Other (Please explain)
Request Allowable to Produce Well

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
South Hobbs (GSA) Unit	210	Hobbs GSA	Fee	

Location
Unit Letter D : 721/1310 Feet From The North Line and 569/660 Feet From The West

Line of Section 34 Township 18-S Range 38-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)
Shell Pipeline Company — P.O. Box 1008, Hobbs, NM 88240

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)
~~Phillips Petroleum Company~~ GPM Gas Corporation — ~~GPM Gas Corporation~~ EFFECTIVE February 1, 1987 Penbrook, Odessa, TX 79761

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	34	18	38	Yes	5-15-86

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)
SENIOR ADMINISTRATIVE ANALYST
(Title)
6-5-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 6 1986, 19__
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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.

IV. COMPLETION DATA

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-18-86	6-4-86	4380	4370

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3635.9' GL	Hobbs Grayburg San Andres	4126'	4089

Perforations		Depth Casing Shoe
4126'-4168'	Grayburg San Andres	4380'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
22"	16"	40'	25 yds Ready-Mix & 8 sx 3% CaCl
14 3/4"	10 3/4"	1650'	1200 sx Cl C w/1% CACL
9 7/8"	7"	4380'	1600 sx Cl A

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.)
5-15-86	6-4-86	Pumping

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

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	172	2288	216

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