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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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Amoco Production Company</u>		Well API No. <u>3002530486</u>
Address <u>P.O. Box 3092 Houston TX 77253</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>South Hobbs/G-SA/UNIT</u>	Well No. <u>223</u>	Pool Name, Including Formation <u>Grayburg San Andres Hobbs</u>	Kind of Lease <input checked="" type="radio"/> Federal or <input checked="" type="radio"/> Fee	Lease No.
Location <u>SL/BHL</u>				
Unit Letter <u>N/A</u> : <u>1791/1900</u> Feet From The <u>West</u> Line and <u>1257/1320</u> Feet From The <u>South</u> Line				
Section <u>34</u> Township <u>18S</u> Range <u>38E</u> , NMPM, <u>LEA</u> 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"/>	Address (Give address to which approved copy of this form is to be sent) <u>Shell Pipeline Company P.O. Box 1008, Hobbs, NM 88240</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Phillips 66 Nat'l Gas GPM Gas Corporation 4001 E. 19th Ave, DENVER, CO 80202</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>34</u>	Twps. <u>18S</u>	Rge. <u>38E</u>	Is gas actually connected? <u>YES</u>	When? <u>12-5-88</u>

If this production is commingling 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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>11/18/88</u>	Date Compl. Ready to Prod. <u>12-2-88</u>	Total Depth <u>4307</u>	P.B.T.D. <u>4300</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>GR 3620.3</u>	Name of Producing Formation <u>GRAYBURG SAN ANDRES</u>	Top Oil/Gas Pay <u>4100</u>	Tubing Depth <u>4039</u>					
Perforations <u>Sq 4050' - 4090'; Perforation; 4100' to 4288'</u>			Depth Casing Shoe <u>4307</u>					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <u>26"</u>	CASING & TUBING SIZE <u>16</u>	DEPTH SET <u>40</u>	SACKS CEMENT					
<u>14 3/4</u>	<u>10 3/4</u>	<u>1634</u>	<u>1100</u>					
<u>9 7/8</u>	<u>7</u>	<u>4302</u>	<u>1300</u>					
	<u>3 1/2</u>	<u>4039</u>						

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 <u>12-5-88</u>	Date of Test <u>3-6-89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>ESP</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>293</u>	Water - Bbls. <u>1460</u>	Gas- MCF <u>32</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Blake T. Steele
Signature
BLAKE T STEELE Admin. Analyst
Printed Name
4-12-89 713-584-7322
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 18 1989

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.

APR 17 1997

OCC
HOBBS OFFICE