

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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)

☐ New Well	Change in Transporter of:	☐ Dry Gas	Other (Please explain) <i>Request 500 BBL Testing allowable.</i>
☒ Recompletion	☐ Oil	☐ Condensate	
☐ Change in Ownership	☐ Casinghead Gas		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>State A</i>	Well No. <i>41</i>	Pool Name, including Formation <i>Bowers Seven Rivers</i>	Kind of Lease State, Federal or Fee <i>State</i>	Lease No. <i>A-1212</i>
Location				
Unit Letter <i>G</i> : <i>1650</i> Feet From The <i>North</i> Line and <i>1650</i> Feet From The <i>East</i>				
Line of Section <i>9</i> Township <i>19-S</i> Range <i>38-E</i> , NMPLA, <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ <i>Pride Pipeline Company (Trucks)</i> or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Drawer 2948, Midland, TX 79702</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>G</i> Sec. <i>09</i> Twp. <i>19</i> Rge. <i>38</i>
	Is gas actually connected? <i>No</i> when

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.

Charles M. Lanning
(Signature)
Administrative Analyst (SG)
(Title)
7-15-86
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1986
BY *ORIGINAL SIGNED BY JERRY SEXTON*
TITLE *DISTRICT 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 route 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 change 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	Revised	Plugged	Same reentry	Diff. reentry
Date completed <i>6-10-86</i>		Date Comp. Ready to Prod.		Total Depth	P.B. P.C.			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Res.	Tubing Depth			
Perforations					Depth Casing Shoe			
3194-3202', 3220-26', 3254-63', 3290-3300'								
HOLE SIZE		TUBING, CASING, AND CEMENTING RECORD						
12 1/4"		CASING & TUBING SIZE		DEPTH SET				
7 7/8"		8 5/8"		317'				
		5 1/2"		4222'				
				SACKS CEMENT				
				2503X				
				4753X				

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be at recovery of test volume or load in and must be equal to or exceed top allow. for this depth or be for full depth.)

Date First New Oil Run To Tanks	Date of Test	Producing Methods (Flow, P, P, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Pres. During Test	Oil-Base	Water-Base
		Grav. of Condensate
		Grav. of Condensate

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Etch. Condensate, MCF	Grav. of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Grav. of Condensate