

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| 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**

Addressee  
**P. O. Box 68, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

|  |   |                               |
|--|---|-------------------------------|
| <input type="checkbox"/> New Well            | Change in Transporter of:               | Other (Please explain)        |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil            | change name from Best Gas Com |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | No. 2 to Best No. 2           |
|  | <input type="checkbox"/> Dry Gas        |                               |
|  | <input type="checkbox"/> Condensate     |                               |

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|  |                      |   |  |           |
|--|----------------------|---|--|-----------|
| Lease Name<br><b>Best</b>  | Well No.<br><b>2</b> | Pool Name, including Formation<br><b>East Featherstone Bone Springs</b> | Kind of Lease<br>State, Federal or Fee<br><b>Fee</b> | Lease No. |
| Location<br>Unit Letter <b>P</b> : <b>840</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> |                      |   |  |           |
| Line of Section <b>23</b> Township <b>20-S</b> Range <b>35-E</b> , NMPL, Lea 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"/><br><b>AMOCO PRODUCTION COMPANY (trucks)</b>  | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 1183, Houston, TX 77001</b>           |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Phillips Petroleum Company</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>Frank Phillips Bldg. Bartlesville, OK 74004</b> |
| If well produces oil or liquids, give location of tanks.<br>Unit <b>P</b> Sec. <b>23</b> Twp. <b>20-S</b> Rge. <b>38-E</b>                                    | Is gas actually connected? <b>Yes</b> When <b>3-2-84</b>   |

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.

*Bonita Coble*

(Signature)

Administrative Analyst

(Title)

8-7-84

(Date)

0+5-NMOCD,H

1-J. R. Barnett, HOU Rm. 21.156

1-F. J. Nash, HOU Rm. 4.206

1-Superior

1-BFC

OIL CONSERVATION DIVISION

APPROVED **AUG - 9 1984**

BY \_\_\_\_\_, 19 \_\_\_\_\_

ORIGINAL FILED IN \_\_\_\_\_  
DISTRICT 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.

#### IV. COMPLETION DATA

|   |                             |          |                 |          |          |                   |           |             |              |
|---|-----------------------------|----------|-----------------|----------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X)          |                             | Oil Well | Gas Well        | New Well | Workover | Deepen            | Plug Back | Same Res'y. | Diff. Res'y. |
| Date Spudded                                | Date Compl. Ready to Prod.  |          | Total Depth     |          |          | P.B.T.D.          |           |             |              |
| Elevations (DF, RKB, RT, CR, etc.)          | Name of Producing Formation |          | Top Oil/Gas Pay |          |          | Tubing Depth      |           |             |              |
| Perforations                                |                             |          |                 |          |          | Depth Casing Shoe |           |             |              |
| <b>TUBING, CASING, AND CEMENTING RECORD</b> |                             |          |                 |          |          |                   |           |             |              |
| HOLE SIZE                                   | CASING & TUBING SIZE        |          | DEPTH SET       |          |          | SACKS CEMENT      |           |             |              |
|   |                             |          |                 |          |          |                   |           |             |              |
|   |                             |          |                 |          |          |                   |           |             |              |
|   |                             |          |                 |          |          |                   |           |             |              |
|   |                             |          |                 |          |          |                   |           |             |              |

#### 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 bc 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 (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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APR 10 1984