

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Request allowable to produce
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Castinhead Gas	
	<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 South Hobbs (GSA) Unit	Well No. 137	Pool Name, including Formation Hobbs GSA	Kind of Lease State, Federal or Fee	Lease No. A-1212-1
Location SL/BHL Unit Letter I : 2458/2592 Feet From The South Line and 1180/1212 Feet From The East				
Line of Section 4	Township 19-S	Range 38-E	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"/>	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 Castinhead 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)
Phillips Petroleum Company GPM Gas Corporation	4001 Pembroke, Odessa, TX 79761
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit I Sec. 4 Twp. 19-S Rge. 38-E	Yes 1-10-84

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.

Cathy L. Forman  
(Signature)  
Assist. Admin. Analyst  
(Title)  
1-13-84

0+5-NMOCD, H 1-R. E. Ogden, HOU 1-CLF  
1-F. J. Nash, HOU 1-Petro Lewis 1-Sun  
1-Shell 1-Texaco

OIL CONSERVATION DIVISION  
JAN 18 1984  
APPROVED  
ORIGINAL SIGNED BY EDDIE SEAY  
BY  
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'v.
		X		X					
Date Spudded 11-21-83	Date Compl. Ready to Prod. 1-10-84		Total Depth 4310'			P.B.T.D. 4268'			
Elevations (DF, RKB, RT, GR, etc.) 3612.2' GL	Name of Producing Formation GSA		Top Oil/Gas Pay 4086'			Tubing Depth 4237'			
Perforations 4086'-91', 94'-99', 4102'-07', 34'-38', 41'-43', 46'-59', 64'-66', 68'-80', 94'-99' and 4214'-16'						Depth Casing Shoe 4307'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		1551'		875 Cl C w/1% CaCl			
7-7/8"		5-1/2"		4307'		1250 Cl C neat			
		2-3/8"		4237'					

#### 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)

Date First New Oil Run To Tanks 1-5-84	Date of Test 1-10-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 38B0, 432BW, 33 MCFD	Oil - Bbls. 38	Water - Bbls. 432	Gas - MCF 33

#### 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

PROCESSED  
JAN 18 1984  
O.C.D.  
HOOBBS OFFICE