

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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, NM 88240
Reason(s) for filing (Check proper box)
☒ New Well ☐ Recompletion ☐ Change in Ownership
Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate
Other (Please explain)

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. 191 Pool Name, including Formation Hobbs GSA Kind of Lease State, Federal or Fee Lease No.
Location
Unit Letter L : 1585/1603 Feet From The South Line and 395/236 Feet From The West
Line of Section 4 Township 19-S Range 38-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 1008, Hobbs NM 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company GPM Gas Corporation Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa TX 79761
If well produces oil or liquid, give location of tanks. Unit L Sec. 4 EFFECTIVE February 1, 1984 yes When 11-22-84

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.

Bonita Goble
(Signature)
Administrative Analyst
(Title)
12-12-84
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 19 1984, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 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 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
Date Spudded 10-25-84	Date Compl. Ready to Prod. 12-10-84	Total Depth 4326'		P.B.T.D. 4310'					
Elevations (DF, RKB, RT, GR, etc.) 3606.1' GR	Name of Producing Formation Praying San Andres	Top Oil/Gas Pay 4100'		Tubing Depth 4275'					
Perforations 4100' - 4245' w/45PH						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	14"	40'	4 yds. Redi Mix
12 1/4"	8 5/8"	1515'	875 ex Cl C w/additional
7 7/8"	5 1/2"	4326'	1000 ex Cl C near

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 11-22-84	Date of Test 11-25-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 12	Water - Bbls. 625	Gas - MCF 16

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