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)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain): Request Allowable to produce

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
South Hobbs (GSA) Unit	205	Hobbs GSA	State, Federal or Fee State	A-1212-1

Location
Unit Letter N : 330 Feet From The South Line and 1650 Feet From The West
Line of Section 5 Township 19-S Range 38-E , NMPM, County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	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 Casinghead Gas [X] or Dry Gas [ ] GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) EFFECTIVE February 1, 1992 400 Penbrook, Odessa, TX 79761

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	5	19-S	38-E	yes	1-22-86

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.

B. A. Otwell
(Signature)
Sr. ADMINISTRATIVE ANALYST
(Title)
2-7-86
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 11 1986, 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 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.

0+5 NMOCD-H ; 1-JRB-HOU Rm. 21.156; 1-FJN HOU Rm. 4.206; 1-Shell; 1-Sun; 1-Arco 1-BAO

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IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil well	Gas well	New well	Workover	Deepen	Plug back	Same res'v.	Diff. Res
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-18-85	2-3-86	4095'	4095'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3612.3' GL	Grayburg - San Andres	4000	

Perforations	Depth Casing Shoe
4000 – 4093	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	14"	40'	4 1/4 yds x 13 sx Redi Mix
12 1/4"	8 5/8"	1613'	1075 sx Class C
7 7/8"	5 1/2"	4095'	350 sx Cl. A & 650 sx Cl. A w/ 12% CAL
	2 7/8"	3980'	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-22-86	2-3-86	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	N/A	N/A	
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
18 Bbls.	6.0	12.0	0

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**

RECEIVED
FEB 10 1986
O. C. D.
HOBBS, OFFICE

INCLINATION REPORT

OPERATOR AMOCO PRODUCTION COMPANY ADDRESS BOX 68 HOBBS, N. M. 88240

LEASE NAME S.H.U. WELL NO. #205 FIELD

LOCATION LEA COUNTY, NEW MEXICO

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
491 *	0.25	0.44 *	2.1604
974 *	0.50	0.87 *	6.3625
1353 *	1.00	1.75 *	12.9950
1615 *	1.00	1.75 *	17.5800
2078 *	1.25	2.18 *	27.6734
2599 *	1.25	2.18 *	39.0312
3047 *	1.75	3.05 *	52.6952
3519 *	1.75	3.05 *	67.0912
3987 *	2.00	3.49 *	83.4244
4095 *	2.00	3.49 *	87.1936

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Nanci Jenkins

TITLE Nanci Jenkins/Drilling Secretary

AFFIDAVIT:

Before me, the undersigned authority, appeared NANCI JENKINS known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Nanci Jenkins

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 8th day of JUNE, 1976

Earl R. Taylor

Notary Public in and for the County of Midland, State of Texas

SEAL