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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O.Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.		Well API No.	
Operator Amoco Production Company		30-025-06201	
Address P.O. Box 3092, Rm 17.182 Houston, Texas 77253-3092			
Reason(s) for Filing (<i>Check proper box</i>)		Other (<i>Please explain</i>)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Transporter Change Effective November 1, 1993	
Recompletion <input type="checkbox"/>			
Change in Operator <input type="checkbox"/>			

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gillully /B/ Federal RA/A	Well No. 6Y	Pool Name, Including Formation Eumont Yates Seven Rivers Queen	Kind of Lease State, Federal or Fee Federal	Lease No. LC-031736(b)
Location				
Unit Letter A	390	Feet From The North	Line and 660	Feet From The East
Section 21	Township 20-S	Range 37-E	NMPM,	Lea, NM County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT Pipeline Company	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (<i>Give address to which approved copy of this form is to be sent</i>) P. O. Box 4666, Houston, TX 77210-4666
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (<i>Give address to which approved copy of this form is to be sent</i>)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When?
If this production is commingled with that from any other lease or pool, give commingling order number: _____		

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (<i>DF, RKB, RT, GR, etc.</i>)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (<i>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.</i>)			
Date First New Oil Run To Tank	Date of Test	Producing Method (<i>Flow, pump, gas lift, etc.</i>)	
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 (<i>pitot, back pr.</i>)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Devina M. Prince
Devina M. Prince Staff Assistant
Printed Name Title
11-15-93 (713) 366-7686
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 01 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.