

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 OG-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)	Other (Please explain)
☐ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate
Downhole commingled, Request for an Allowable.	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gilluly "B" Federal	Well No. 10	Pool Name, including Formation Monument Tab 8 Weir Blaine boy DHE	Kind of Lease State, Federal or Free Federal	Lease No. LC-031736(6)
Location				
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East				
Line of Section 22 Township 20-S Range 37 , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001
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) Phillips Bldg. Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit B Sec. 22 Twp. 20-S Rge. 37-E Is gas actually connected? yes When 9-14-85

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.

Charles M. Lerring
(Signature)
ADMINISTRATIVE ANALYST (SG)
October 4, 1985
(Date)

045NMOCDA, H 1-22B 1-FJN 1-CMH

OIL CONSERVATION DIVISION
APPROVED **OCT 8 - 1985**
BY **Eddie W. Seay**
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 nest v. Dist. Res.
Date Spudded <i>O.C.</i> <i>8-26-85</i>		Date Compl. Ready to Prod. <i>9-25-85</i>		Total Depth <i>6610</i>		P.B.T.D. <i>6510</i>		
Elevations (DF, RKB, RT, CR, etc.) <i>3549' RDB</i>		Name of Producing Formation <i>Tall Blinney</i>		Top Oil/Gas Pay <i>5670'</i>		Tubing Depth <i>6486'</i>		
Perforations <i>6464 6500 6523-6572</i>		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>12 1/4"</i>	<i>8 5/8" 24# J-55</i>	<i>1249'</i>	<i>700SX</i>
<i>7 7/8"</i>	<i>4 1/2" 11.6# 9.5# J-55</i>	<i>6610'</i>	<i>520SX</i>
	<i>2 3/8" tubing</i>	<i>6486'</i>	

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 <i>9-11-85</i>	Date of Test <i>9-25-85</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pumping</i>	
Length of Test <i>24 hrs</i>	Tubing Pressure <i>N/A</i>	Casing Pressure <i>N/A</i>	Choke Size <i>N/A</i>
Actual Prod. During Test <i>50BF</i>	Oil-Grav. <i>28</i>	Water-Grav. <i>22</i>	Gas-MCF <i>27</i>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Dbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Chart-1a)	Casing Pressure (Chart-1a)	Choke Size

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OCT - 7 1985
O.C.D.
HOBBS OFFICE