

Submit 5 Copies  
Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

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**

<b>I.</b>	
Operator Amoco Production Company	Well API No. 30-025-20767
Address P.O. Box 3092, Rm 18.108 Houston, Texas 77253-3092	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <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 R/A A	Well No. 11	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 F	1980	Feet From The North	Line and 1980	Feet From The West
Section 22	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 <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Enron	P. O. Box 1188, Houston, TX 77251-1188
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
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Date Spudded 10-18-63	Date Compl. Ready to Prod. 11-17-33	Total Depth 6829'	P.B.T.D. 3600'					
Elevations (DF, RKB, RT, GR, etc.) 3549' RDE	Name of Producing Formation Queen	Top Oil/Gas Pay	Tubing Depth 3565'					
Perforations 2786-3592'	Depth Casing Shoe							

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT
12-1/4"	8-5/8"	24#	Surface -	1218'	700 SX
7-7/8"	5-1/2"	14#-15.5#	1218' -	6829'	620 SX

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

<b>OIL WELL</b> (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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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 207	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate -----
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 170	Casing Pressure (Shut-in) 550	Choke Size 48/64

**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  
Printed Name  
04-27-94  
Date  
Staff Assistant  
Title  
(713) 366-7686  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved MAY 04 1994

By  
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.

RECEIVED

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UNITED STATES  
OFFICE