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Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O.Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	TO TRANSPOR	RT OIL AND NATURAL GAS		
Operator			Well API No.	
Amoco Production Company			30-025-	24911
Address				
P.O. Box 3092, Rm 17.182	Houston,	Texas	77253-309	92
Reason(s) for Filing (Check proper to	box)	Other (Please explain)		
New Well	Change in Transporter of	f:		
Recompletion	Oil Dry Gas	Transporter Char	nge Effective November	1, 1993
Change in Operator	Casinghead Gas Condensate			
f change of operator give name and address of previous operator				
nd address of previous operator				
II. DESCRIPTION OF WEI	LL AND LEASE			
Lease Name	Well No. Pool Name, I	ncluding Formation	Kind of Lease	Lease No.
Gillully /B/ Federal RA.	A 15 Eumor	nt Yates Seven Rivers Queen	State, Federal or Fee Federal	LC-031736(b)
Location			Todoral	20 00 17 00 (B)
Unit Letter H	: 1980 Feet From Th	e North Line and 660		
om better	reet From The	e North Line and 660	Feet From The	East Line
Section 33 Town	nship 20-S Range	37-E NMPM	Loo NIM	
Section 1 Town	Simp 20 Kange	37-E ,NMPM,	Lea, NM	County
II. DESIGNATION OF TR	ANSPORTER OF OIL AND NA	ATURAL CAS		
Name of Authorized Transporter of C	Oil on Condensate			
EOTT Pipeline Company	or Condensate	Address (Give address to which of P. O. Box 4666, Houston, TX		is to be sent)
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas			
The second of th	Assinghed Gas Or Dry Gas	Address (Give address to which a	approvea copy of this form	is to be sent)
f well produces oil or liquids, rive location of tanks.	Unit Sec. Twp. I	Rge. Is gas actually connected?	When?	
	About Comments			
	that from any other lease or pool, give co	ommingling order number:		
V. COMPLETION DATA				
Designate Type of Completi	Oil Well Gas W	/ell New Well Workover I	Deepen Plug Back Sam	ne Res'v Diff Res's
		1	1	1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			1	
Elevations (DF,RKB,RT,GR,etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	1			
Perforations			Depth Casing Sho	e
			-	
	TUBING, CASING A	AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACK	S CEMENT
				<u> </u>
			<u> </u>	
. TEST DATA AND REQU	EST FOR ALLOWABLE			
OIL WELL (Test must be afte	er recovery of total volume of load oil and	I must be equal to or exceed top allowa	ble for this depth or be for	full 24 hours
ate First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)	in Linears.
ength of Test	Tubing Pressure	Casing Pressure	Choke Size	
ctual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
GAS WELL				
	T of CT			
ctual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conder	isate
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	<u> </u>			
I. OPERATOR CERTIFICA	ATE OF COMPLIANCE			
I hereby certify that the rules and re	gulations of the Oil Conservation	OIL CONSE	RVATION DIV	'ISIONI
Division have been complied with and that the information given above is		OIL CONOL	TON DIV	IOIOIN
true and complete to the best of my		F5	DEC 0 1 199	13
<i>(</i> . <i>(</i> .	\bigcirc .	Date Approved	DEO O'Y 100	···
Sevuia UI.	Prence	- 1 - 1		
ignature		By _ ORIGINAL SIGN	VED BY JERRY SEXTO	N
evina M. Prince	Staff Assistant	DISTRIC	VED BY JERKY SEXTO TI SUPERVISOR	
rinted Name	Title			
1-15-93	(713) 366-7686	Title		
Date	Telephone No.			

- 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.