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

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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

RECEIVED

SEP 10 1992

O. C. D.
Operator's Office

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Amoco Production Company	Well API No. 30-025-25937
Address P. O. Box 3092, Houston, TX 77253-3092 (Rm 16.110)	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Note: Gillully B Federal #20 was recompleted from an oil well to a gas well. 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. 20	Pool Name, including Formation Eumont-Yates-7 Rivers-Queen	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. LC-031737-B
Location Unit Letter H : 1930' Feet From The North Line and 760' Feet From The East Line Section 21 Township 20-S Range 37-E , NMPM, Eddy, 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 Northern Natural Gas		P. O. Box 1188, Houston, TX 77251-1188				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 21	Twp. 20-S	Rge. 37-E	Is gas actually connected? Yes	When? 2-6-92

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 XX	New Well	Workover	Deepen	Plug Back XX	Same Res'v	Diff Res'v
Date Spudded 5-16-78	Date Compl. Ready to Prod. 2-15-92		Total Depth 7802'		P.B.T.D. 2910'			
Elevations (DF, RKB, RT, GR, etc.) 3513.5 GR	Name of Producing Formation Eumont-Yates-7 Rvs-Queen		Top Oil/Gas Pay 2910'		Tubing Depth 2869'			
Perforations 2910-2930, 2940-2990, 3080-3096, 3260-3272, 3296-3304, 3320-3330, 3380-3428 w/2jspf					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Existing tubing, casing, cementing records remain unchanged			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(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 344 MCF	Length of Test 24 hrs (2-14-92)	Bbls. Condensate/MMCF	Gravity of Condensate N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 115	Casing Pressure (Shut-in) 0	Choke Size 24/64"

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.

Devina M. Prince

Signature
Devina M. Prince Staff Assistant
Printed Name
8-31-92 (713) 596-7686
Date
Telephone No.

OIL CONSERVATION DIVISION
SEP 10 1992

Date Approved _____
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT 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.