

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Company

Address P.O. Box 68 Hobbs NM 88240

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☒ Recompletion	☐ Oil	<u>Recompletion to Blinberry and then</u> <u>Downhole Commingled Blinberry, Tubbs and</u> <u>Drinkard under R-7537</u>
☐ Change in Ownership	☐ Casinghead Gas ☐ Dry Gas ☐ Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Southland Royalty "A"</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Blinberry-Tubbs-Dinkard DHE</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. _____
Location				
Unit Letter <u>B</u>	: <u>660</u>	Feet From The <u>North</u>	Line and <u>1980</u>	Feet From The <u>East</u>
Line of Section <u>9</u>	Township <u>21-S</u>	Range <u>37-E</u>	N.M.P.M. <u>Lea</u>	County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Texaco-New Mexico Pipe Line Company</u>	<u>P.O. Box 2528 Hobbs NM 88240</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum Corp</u>	<u>P.O. Box 1589, Tulsa, OK 74101</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>B</u> Sec. <u>9</u> Twp. <u>21-S</u> Rge. <u>37-E</u>	<u>Yes</u> <u>11-484</u>

If this production is commingled with that from any other lease or pool, give commingling order numbers: _____

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.

Mary C. Clark
(Signature)
Asst. Admin. Analyst
(Title)
11-20-84
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 26 1984, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT SUPERVISOR

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 Res'v.	Diff. Res'
Date Spud ^{OC}	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
10-19-84	11-9-84		6740'		6694'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3482' DF	Blinbury		5752'		6540'				
Perforations				Depth Casing Shoe					
5752-56, 5766-70, 5800-03, 5812-24, 5843-46, 5886-90, 5917-21, and 5930-46 w/45PF									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8"	225'	150
12 1/4"	9 5/8"	1409'	700
8 3/4"	7"	6740'	3000
	2 7/8"	6540'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-4-84	11-9-84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
19 BO, 72 MCF, 6/BW	19	61	72

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

NOV 21 1984