

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**

I. Operator		Well API No.	
Amoco Production Company		30-025-06673	
Address			
P.O. Box 3092, Rm 17.182	Houston,	Texas	77253-3092
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil	Dry Gas	Subsequent to downhole commingling.
Change in Operator	Casinghead Gas	Condensate	(DHC No. 556)
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
State /CK/	2	Drinkard, Paddock, Blinbry	<input checked="" type="checkbox"/>	A-409-6
Location:				
Unit Letter	K	1650	Feet From The South	Line and 2207.6
Section	19	Township	21-S	Range 37-E
		NMPM.		Lea, NM
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas		<input checked="" type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.	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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
01-27-62	03-04-93		6754'		6696'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3520'	6649-6659' -- Drinkard		Paddock, Upper		6633'			
Perforations					Depth Casing Shoe			
5158-5168' --Paddock; 5803-5938'--Blinebry; and 6649-6659' --Blinebry								

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	48#	519
12-1/4"	9-5/8"	32.2#, 36#	2634'
8-3/8"	7"	20#, 23#	6754'
2-7/8"	2-7/8"		6633'

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.)	
03-04-93	03-31-93	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	0 (Closed)	0 (Closed)	N/A
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	33	86	38

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

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.

OIL CONSERVATION DIVISION

Date Approved **APR 20 1993**

By

Title

Signature: Devina M. Prince
Devina M. Prince
Printed Name
04-13-93
Date
Staff Assistant
Title
(713) 596-7686
Telephone No.

INSTRUCTIONS: This form is to be filed in compliance with Rule 110-

- 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.