Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 4-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 KIO BERMS RU., AMCC, INVI 874	REQUES				AUTHORI		l			
I. Operator	ТО	TRANS	SPORT OI	L AND NA	TURAL GA		I API No.	(b)		ב
Amoco Production Co	mpany					- 1	4507201	ধ্যে	E(C)	PIPO
Address 1670 Broadway, P. O		enver,	Colorad	lo 80201			1307201	ı		IV 4 1989
Reason(s) for Filing (Check proper be				On On	oct (Please expla	oin)	*	ALLIUT IN SITE OF	JUN 1	1000
New Well _	Chai Oil	nge in Trai Dry	sporter of:							4 1203
Change in Operator	Casinghead Gas		4					OIL	. CONSER	VATION N
If change of operator give name and address of previous operator	enneco Oil E	& P,	6162 S.	Willow,	Englewoo	d, Col	orado 801	55	SANT	VATION DI A FE
II. DESCRIPTION OF WE	LL AND LEASE									- 1
Lease Name		- 1	Name, Includ	-	TEEG)	FED	EDAT	1	ase No.	
MICHENER A LS Location	<u></u>		NCO-(PIC		1112)	եբո	ERAL	SF07	/10/	-
Unit LetterD	: 990		From The FN		e and 990		Feet From The _F	WL	Line	
Section 28 Tow	nship28N	Rai	ge9W		мгм,	SAN	JUAN		County	
III. DESIGNATION OF TR	ANSPORTER O	F OIL A	AND NATU	RAL GAS				_		_
Name of Authorized Transporter of C	il or C	ondensate	Ι Χ	Address (Gir	ve address to wi	hich approv	ed copy of this for	m is to be se	nt)	
Name of Authorized Transporter of C	asinghead Gas	or I	Ory Gas {X }	Address (Gir	e address to wh	hick ann av	ed conv of this for	m is to be se		-
laine of Authorized Transporter of Casinghead Gas or Dry Gas {X				Address (Give address to which approved copy of this form is to be sent P. O. BOX 1492, EL PASO, TX 79978						
If well produces oil or liquids, give location of tanks.	Unit Sec.	T₩	p. Rge. 1	Is gas actual	ly connected?	∫ wh	eu ?			
If this production is commingled with	that from any other lea	se or pool	give comming	ling order num	ber:					_
IV. COMPLETION DATA				_,						···1
Designate Type of Complet		Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Compil. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
1 and the determinant of the first terminal and the first terminal a				CEMENTING RECORD						_
HOLE SIZE	CASING	& TUBIN	G SIZE	DEPTH SET		SACKS CEMENT				
										_
										_
! V. TEST DATA AND REQ!	JEST FOR ALL	OWABI	Ē	1						ل.
OIL WELL (Test must be af	ter recovery of total vo			t he equal to or	exceed top allo	owable for t	his depth or be for	full 24 hou	rs.)	·,
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pu	ımp, gas lift	, e1c.)			
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL				J						
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conder	Bbls. Condensate/MMCF			ndensate		7
l'esting Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size	Choke Size		-
M. ODER APOR ORDER	10.00.00.00			-l ₁	·					
VI. OPERATOR CERTII I hereby certify that the rules and r				(OIL CON	ISER\	ATION D	IVISIC	N	
Division have been complied with	and that the informatio	n given at								
is true and complete to the best of	my knowledge and bel	ief.		Date	Approve	d	80 YAM	1999		_
4. L. Hamoton					300					
Signature					SUPERVISION DISTRICT # \$					
Printed Name	Sr. Staff Ac	Titl	c [^]	Title		OUPLI	ratoton DI	STRICT	# B	
Janaury 16, 1989	30	73-830								

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.