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Appropriate District Office
DISTRICT J
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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	O THAI	12h	OHIOIL	ANU NA	TURAL GA		DI No			
Operator AMOCO PRODUCTION COMPANY						Well API No. 300392318700					
Address P.O. BOX 800, DENVER,	COLORADO	8020	1								
Reason(s) for Filing (Check proper box)						Other (Please explain)					
New Well		Change in T	Fransp	orter of:							
Recompletion	Oil		Dry G	7-1							
Change in Operator	Casinghead		-	CTCC-							
f change of operator give name											
and address of previous operator	AND LEA	er er									
I. DESCRIPTION OF WELL Lease Name		Well No.			ng Formation	AROTA LID		Kind of Lease State, Federal or Fee		ease No.	
JICARILLA TRIBAL 396		4	1.11	NDRITH C	JALLUP-D	AKOTA, WES	SI State,	reactal of 1 c			
Location A Unit LetterA	. :9	10	Fca F	rom The	FNL Lir	e and7	90 Fc	et From The	FEL	FEL Line	
Section 17 Township	23N		Range	, 3W	, N	MPM,	R10	ARRIBA		County	
		OFOL		UD NATE	DAL CAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Condens	L AT		Address (Gi	re address to w	hich approved	copy of this	form is to be se	int)	
·	\Box				ĺ					-	
GARY WILLIAMS ENERGY CORPORATION Name of Authorized Transporter of Casinghead Gas or Dry Gas X						P.O. BOX 159 BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing		LJ	91 DI)	, ⊶• [Д]	l .					,	
EL PASO NATURAL GAS CO	MPANY				P.O. BOX 1492, EL. PASO, TX 79978 Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.			I w.Re	15 gas actual	, comoucur) when	, TINCE 1			
				iua commis d	ing order over	her					
If this production is commingled with that	from any other	r lease or p	юн, д	ive countries	ing oraci nan						
IV. COMPLETION DATA						1		D. D. L	Ic P	Diff Barbs	
Designate Time of Completion	(V)	Oil Well	ļ	Gas Well	New Well	Workover	Deepen	Plug Hack	Same Res'v	Diff Res'v	
Designate Type of Completion		1	l_		 	<u> </u>		(=== =================================	<u> </u>		
Date Spudded	Date Compl	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
								<u> </u>			
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	1										
	1							l			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	3 .							
OIL WELL (Test must be after r	ecovery of to	al volume a	of load	l oil and musi	be equal to o	r exceed top all	onable for the	s depth or be	for full 24 hor	us.)	
Date First New Oil Run To Tank	Date of Tes			<u> </u>	Producing N	lethod (Flow, p	ump, gas lýl, e	uc.)			
								1 14 P	13		
Length of Test	Tubing Pres	sure			Casing Pres	aure []]	E 6 E	City of Ze	· IIII		
					1	731			IU)		
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	·	1111 2	City-AICF			
ration flow round ten	J						JUL 5	1330			
L	.1				.l		11 (0)	DIN]		
GAS WELL		,- 					IT COV	I. DIV	Condens		
Actual Prod. Test - MCF/D	Leagth of	l'est			Bbls. Conde	nsate/MMCF	DIST	. Tavity of	Condensate		
	l				Ja				CATION COM		
l'esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	2		
	J							L			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE		OII OO:		ATION	DUVICU	7 NI	
					1	OIL CO	NSEHV	AHON	ופועום	אוכ	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above									<u>.</u>	_	
is true and complete to the best of my	knowledge ar	d belief.			Dat	e Approve	he	JUI	5 199	0	
11.1 11					Dal	a whhink	JU				
1411 Illus-					_				\sim 1	/	
Signature					By.			بسد	-Van	/	
Doug W. Whaley, Sta	ff Admi	n. Supe	ervi	isor			\$1	IBEBWe	OR DIST	·	
Printed Name			Title		Title)	٠٠	A FUIVIS	UR UIST	1101 /3	
June 25, 1990		303-1	830-	-4280 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.