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State of New Mexico

| DISTRICT I | OIL CONSERVATION DIVISION P.O. Box 2088 | | | | / | | ructions an of Page | | | |
|---|---|----------------|-----------|--|------------------------------------|-----------------|------------------------|---------------------------|------------------|------------|
| P.O. Drawer DD, Artesia, NM 88210 DISTRICT III | | Sar | nta Fe | | exico 8750 | 04-2088 | | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | REQ | | | | BLE AND | | | | | |
| I, Operator | | TO THA | NSP | OHIOI | L AND NA | TUHAL G | | - DEN - | | |
| AMOCO PRODUCTION COMPA | NY | | | | | | | API No. 03922086 | 00 | |
| Address P.O. BOX 800, DENVER, | COLORA | DO 8020 | 1 | | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | | Oth | et (Please expl | ain) | | | |
| New Well | | Change in | Transpo | orter of: | | | | | | |
| Recompletion | Oil | | Dry Ga | | | | | | | |
| Change in Operator | Casinghe | ad Gas 🔲 | Conde | ssate X | | | | | | |
| If change of operator give name and address of previous operator | | | | | | | | | | |
| IL DESCRIPTION OF WELL | AND LE | | | | | | ···· | | | |
| JICARILIA CONTRACT 147 | | Well No. 3E | | | i ng Formation OTA (PRO) | RATED GA | | of Lease Federal or Fe | | sase No. |
| Location P | | 970 | | | per | 1 | 1/0 | | PPI | |
| Unit Letter | -: | 970 | Feet Fr | om The _ | Lin | e and1 | 140 F | eet From The | FEL | Line |
| Section 06 Township | 25 | N | Range | 5W | , NI | мРМ, | RI | O ARRIBA | | County |
| III. DESIGNATION OF TRAN | SPORTE | ER OF OI | L AN | D NATU | RAL GAS | | | | | |
| Name of Authorized Transporter of Oil | | or Condens | | | | e address to w | hich approved | copy of this | form is to be se | nt) |
| GARY WILLIAMS ENERGY C | ORPORA | TION | | ليك | P O R | OX 159 | RECOMETI | NM OIS | 87/13 | |
| Name of Authorized Transporter of Casing | | | or Dry | Gas X | | e address to wi | | | | nt) |
| GAS COMPANY OF NEW MEX | ICO | | | | P.O. 80 | X 1899. | BLOOME | TELD NM | 87413 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | is gas actuali | | Wher | | | |
| If this production is commingled with that IV. COMPLETION DATA | rom any ou | her lease or p | ool, giv | e comming | ling order numb | рег: | | | | |
| Designate Type of Completion | (Y) | Oil Well | | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | | pl. Ready to | Prod | | Total Depth | l <u></u> | L | P.B.T.D. | 1 | <u>.l</u> |
| | Duit Com | pr. 110m3) 10 | | | | | | F.B. 1.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | (B, RT, GR, etc.) Name of Producing Formation | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | L | · | | | L | | | Depth Casir | ig Shoe | |
| | | TURING I | CASII | NG AND | CEMENTI | NG RECOR | D | <u> </u> | | |
| TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE | | | DEPTH SET | | | 7 | SACKS CEMENT | | | |
| | | | | | | DE, 111 DE1 | | | Driento OLIM | |
| | ļ <u>.</u> | | | | | | | | | |
| | n non | | | | | | | 1 | | |
| V, TEST DATA AND REQUES OIL WELL (Test must be after to | | | | il and most | ha annal to | ******** -II: | ahla for th | adant or k- | 6 a 6.0 24 b | 1 |
| Date First New Oil Run To Tank | Date of Test | | | be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lyt, etc.) | | | 3.) | | | |
| Length of Test | Tubing Pressure | | | Casing Pressure | | | EGE | IVE | M | |
| Actual Prod. During Test | Oil - Rhis | | | | Water - Bbis. | | ñ{ | Gas- MCF | | 1[]] |

| OIL WILL (Test must be after re | covery of total volume of load oil and must | be equal to or exceed top allowable j | for this depth or be for full 24 hours.) |
|---------------------------------|---|---------------------------------------|--|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas | s lýt, etc.) |
| Length of Test | Tubing Pressure | Casing Pressure | DECEIVED |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbis. | Gal-MCF JUL 2 1990 |

| GAS WELL | | | H COM DIVI | |
|----------------------------------|---------------------------|---------------------------|------------|----|
| Actual Frod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | L.CONDIV. | |
| | | | DIST. 3 | |
| Festing Method (pitot, 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.

| D. H. Shly | |
|-----------------------------------|-------------------------------|
| Signature Doug W. Whaley, Staf | f Admin. Supervisor |
| Printed Name | Title |
| June 25, 1990 Date | 303-830-4280 Telephone No. |

OIL CONSERVATION DIVISION

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.