Submit 5 Copies
Appropriate District Office
DISTRICT 1

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction

P.O. Box 1980, Hobbs, NM 88240	OH CONCEDA	ATION DIVICION	nt Bottom of Page						
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O.	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088							
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 871	10	ABLE AND AUTHORIZA	TION						
I.	TO TRANSPORT (DIL AND NATURAL GAS							
Operator AMOCO PRODUCTION CON	1PANY		Well API No. 300392248500						
P.O. BOX 800, DENVE	R. COLORADO 80201								
Reason(s) for Filing (Check proper bo		Other (Please explain)							
New Well	Change in Transporter of:								
Recompletion Change in Operator	Oil Dry Gas	_							
Change in Operator If change of operator give name and address of previous operator	Casinghead Gas Condensate								
•	LANDICACE								
II. DESCRIPTION OF WEI		luding Formation							
JICARILLA CONTRACT 1	7.2	ACRA (GAS)	Kind of Lease Lease No. State, Federal or Fee						
Unit LetterA	: Feet From The	FNL Line and 810	FEL Line						
Section 10 Town	nship 25N Range 5W	, NMPM,	RIO ARRIBA County						
III. DESIGNATION OF TR	ANSPORTER OF OIL AND NAT	URAL GAS							
Name of Authorized Transporter of Cu	or Condensate X		pproved copy of this form is to be sent)						
GARY WILLIAMS ENERGY Name of Authorized Transporter of Ca		P.O. BOX 159, BLOG	OMFIELD, NM 87413						
EL PASO NATURAL GAS		-	pproved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rg	P.O. BOX 1492 FI.	PASO, TX 79978 When 7						
If this production is commingled with d	nat from any other lease or pool, give commi	ngling order number:							
IV. COMPLETION DATA									
Designate Type of Complete	Oil Well Gas Well	New Well Workover D	eepen Plug Back Same Res'v Diff Res'v						
Date Spudded	Date Compl. 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			rading Depth						
renorations			Depth Casing Shoe						
	TUBING, CASING ANI	D CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
V. TEST DATA AND REQU	EST FOR ALLOWARLE								
	r recovery of total volume of had oil and mu	ist 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, go							
Length of Test	Tubing Pressure	Casing Pressure	Choke Size						
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	MECELVEM						
	Oil - Buis.	Water - Bolk	M Time I						
GAS WELL			JUL 5 1990						
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	OIL CON. DIV.						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Talenta to the second to the s							
reading relation (pilos, back pr.)	rading ressure (state)	Casing Pressure (Shut-in)	On DIST. 3						
VI. OPERATOR CERTIF		OII CONSE	RVATION DIVISION						
I hereby certify that the rules and reg Division have been complied with an	d that the information given above		HAVION DIAIDIM						
is true and complete to the best of m		Date Approved							
NUM		Date Approved							
Signature	<u>.</u>	By	LA) de /						
Boug W. Whaley, St.	aff Admin. Supervisor	Title Si	UPERVISOR DISTRICT A3						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

June 25,

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

303-830-4280 __ Telephone No.

- 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.

Subinit 5 Copies
Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240
DISTRICT |
IF O. Drawer DD, Artesia, NM 88210

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

PISTRICT III
1000 Rio Brazas Rd., Aziec, NM 87-10

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL CAS

I.	REQ					ND AUTH	-					
Operator	LAND	1				API No.						
AMOCO PRODUCTION CO 1PANY						300392248500						
P.O. BOX 800, DENVER,	COLORA	DO 802	0.1									
Reason(a) for Filing (Check proper bix)						Other (Pleas	e expla	in)		···		
New Well				sporter of:								
Recompletion	Oil		Dry	,								
Change in Operator	Casinghe	ad Gas [Con	densate [X]								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name		Well No.	Pool	Name, Inclu	ding Forma	uioa		Kınd	of Lease	Ti	.ease No.	
JICARILLA CONTRACT 140	<u> </u>	32				E (PROR.	ATED					
Location A		1110			CALL		0 1	0		1001		
Unit Letter	_ :		Fed	From The _	FNL	Line and	81	F	eet From The	FEL	Line	
Section 10 Townsh	in 251	N	Rang	5W		, NMPM,		R10	ARRIBA	1	Country	
	Y			5 <u>5</u>		1 14(4)1 141,					County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU				,				
Name of Authorized Transporter of Cal		or Conde	nsate					• •		form is to be s	ent)	
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)											
EL PASO NATURAL GAS CI If well produces oil or liquids,	Unit	Sec.	Twp	Rge		BOX 149				9978		
give location of tanks.	i	i	İ	i	<u> </u>			i				
If this production is commingled with that	from any oth	her lease or	pool,	give commun	ding order	number:						
IV. COMPLETION DATA		1000 500							<u></u>			
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New V	Vell Worko	ver [Deepen	Plug Back 	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total De	pth	1		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fe	innali	on	Top Oil	Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations					.l				Depth Case	Chos		
									Depair Casi	ing anoc		
	7	rubing,	CAS	SING AND	CEME	YTING REC	CORI)	.!			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	ļ									manus and results of second and second and		
	ļ				- <u>-</u>							
	ļ				·							
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	Ε	J				· I			
OIL WELL (Test must be after r					be equal:	to or exceed to	p allo	wable for the	s depth or be	for full 24 hou	us)	
Date First New Oil Rith To Tank	Date of Te				-,	g Method (Fla						
I A T					ارت				List in comm			
Length of Test	Tubing Pre	ssure			Casing P	ressure		. n= fi	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - I	Bbls.		i) E (CATHOR	5		
							- 1	M			·	
GAS WELL								JUI	5 199	U		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Co	ndensate/MM(F	011	ON:	o III.		
								ÒIL (LOIV.	917	\	
esting Method (pitot, back pr.)	Tubing Pre	ssure (Shut	·in)		Casing P	resium (Shut-i	n)		CASA ISME			
	l				·				<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE			ΩN.	empt/	MOLTA	DIVISIO	761	
I hereby certify that the rules and regulations of the Oil Conservation						OILO	OIN	SERV	AHON	DIVISIO	אוע	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										E 1000		
Nil Mi	•				D	ate Appro	ovec	l	JUL	5 1990		
L. H. Whley-									_	_1	,	
Signature Dayle W. What of Shaft Adain Sugaria					By							
Boug W. Whaley, Staff Admin. Supervisor Printed Name Tate						·lo		SUP	ERVISOF	DISTRIC	T #3	
June 25, 1990			330	4280	''	tle						
Date		Tele	phone	No.	II .							

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