Appropriate District Office
DISTRICT I
P.O. Box 1980, Hubbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III		Sa	nta Fe	e, New M	lexico 87	504-20	88					
1000 Rio Brazos Rd., Aziec, NM 87410				LLOWA					1			
Operator		TO TRA	NSP	ORT OI	L AND N	IATUR.	AL GA		LABINIO			
AMOCO PRODUCTION COMPANY									Well API No. 300392248600			
Address P.O. BOX 800, DENVER,	COLORAI	00 8020) 1									
Reason(s) for Filing (Check proper box)						Other (Plea	se expla	sin)				
New Well Recompletion	Oil	Change in	Transp Dry G	,—								
Change in Operator		d Gas ☐	•									
f change of operator give name and address of previous operator	-											
I. DESCRIPTION OF WELL	AND LE		.									
JICARILLA CONTRACT 146 Well No. Pool Name, Include 36 OTERO CHAC								Kind of Lease State, Federal or Fee		Lease No.		
Location A	8	340			FNL .		10	30		FEL	_	
Unit Letter	25N	I		rom The 5W		ine and _			Feet From The O ARRIBA		Line	
Section 04 Township		•	Range			NMPM,		- K1	- AKKIDA		County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OI or Conden			4		ss to wh	ich approv	id copy of this f	orm is to be se	ent)	
GARY WILLIAMS ENERGY CORPORATION					Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159, BLOOMFIELD, NM 87413							
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)							
EL PASO NATURAL GAS COMPANY									0, TX 7	9978		
If well produces oil or liquids, ive location of tanks.	Unit !	Sec.	Twp.	Rge.	le gae actu	ally conne	cted?	Who	:s 7			
this production is commingled with that f	rom any oth	er lease or p	pool, gi	ve comming	ling order nu	ımber:			***************************************			
	42.0	Oil Well		Gas Well	New We	II Work	over	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded		l. Ready to	Provi		Total Dept	<u>. </u>		l	1	İ	-i	
- Spane	Daic Comp	a. Ready so	1100.		1000	••			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Dep	Tubing Depth				
erforations					ł				Depth Casin	g Shoe		
	т	HRING	CASI	NC AND	CEMEN	CINC: DI	CODI					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT		
	OASING & TOBING SIZE								ONOTO CENERY			
TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to	or except	ton allo	unhla for ti	ue danik ar ha i	for full 2d hour	1	
·	Date of Tes		7 1000	OH DING MIND	Producing					OF JULY 24 HOLD	1.,	
							·	-				
ength of Test	Tubing Pressure			Casing Pressure				CE 12	EM			
Actual Prod. During Test	Oil - Ubis.			Water - Bbis.			JU	UL 5 1990				
GAS WELL								<u> </u>				
Actual Prod. Test - MCI/D	Length of 'I	ČSJ.		-	Bbls. Cond	ensale/MN	ACF	OIL	COW	Sales atc		
****	*		,				<u>.</u>		DIST. 3			
Tubing Pressure (Shut-in)				Casing Pres	ssure (Shu	l-ın)		Choke Size				
I. OPERATOR CERTIFICA	TE OF	COMP	LIAN	NCE	ir	<u> </u>	2011	050				
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.												
as not and employed to the best of my knowledge and belief.					Date ApprovedJUL5_1990							
L. H. Shley					p., A							
Signature Doug W. Whaley, Staff Admin. Supervisor					By	By Sand						
Finted Name Title June 25, 1990 303-830-4280					Title	e		SUPER	VISOR DIS	TRICT !	3	
Date		Telep	hone N	120U								

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.

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088							
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			ON					
I,		L AND NATURAL GAS						
Operator ANOCO PRODUCTION COMP	PANY		Well API No. 300392248600					
Address P.O. BOX 800, DENVER,	, COLORADO 80201							
Reason(s) for Filing (Check proper box))	Other (Please explain)						
New Well	Change in Transporter of: Oil Dry Gas							
Change in Operator	Casinghead Gas Condensate X							
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL		ding Evernation	Kind of Lease Lease No.					
JICARILLA CONTRACT 14		ESAVERDE (PRORATED GA						
Location Unit LetterA	: 840 Feet From The _	FNL Line and1030	Feet From The FEL Line					
Section 04 Towns	ship 25N Range 5W	, NMPM,	RIO ARRIBA County					
III. DESIGNATION OF TRA	ANSPORTER OF OIL AND NAT	URAL GAS	A Company to the second					
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which ap	oproved copy of this form is to be sent)					
GARY WILLIAMS ENERGY Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which ap	pproved copy of this form is to be sent)					
FL PASO NATURAL GAS	COMPANY Unit Sec. Twp. Rg	P.O. BOX 1492, EL. e. is gas actually connected?	PASO, TX /99/8 When?					
give location of tanks.	ii_		<u> </u>					
If this production is commingled with the IV. COMPLETION DATA	nat from any other lease or pool, give commi	ngling order number:						
Designate Type of Completion	Oil Well Gas Well	New Well Workover Do	pepen 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			Depth Casing Shoe					
	TUBING, CASING AN	D CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
V. TEST DATA AND REQU	JEST FOR ALLOWABLE							
OIL WELL (Test must be aft	er recovery of total volume of load oil and m Date of Test	Producing Method (Flow, pump, g	e for this depth or be for full 24 hours) pas lift, etc.)					
Date First New Oil Rull 10 Tank	Date of Year		Choke Size					
Length of Test	Tubing Pressure	Casing Pressure	EPELVED					
Actual Prod. During Test	Oil - Ubis.	Water - Bbls.	F GENERA E					
GAS WELL			JUL 5 1990					
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	OIL CON. DIV.					
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shul-in)	/ Dist: 8					
VI OPERATOR CERTIF	FICATE OF COMPLIANCE	011 001101	EDVATION DIVISION					
I hereby certify that the rules and r	regulations of the Oil Conservation	OIL CONS	ERVATION DIVISION					
Division have been complied with is true and complete to the best of	and that the information given above my knowledge and belief.	Date Approved	1111 5 1990					
Nil M.) *_							
Signature Whale S	taff Admin. Supervisor	- By	By By Chang					
Printed Name	Title 303-830-4280	Title	SUPERVISOR DISTRICT 13					
June 25, 1990	303-830-4280 Telephone No.	-						

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