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 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

COLLECT FOR ALLOWARLE AND AUTHORIZATION

	HEQUEST I						•				
Operatur	MIND IN	AND NATURAL GAS					1				
AMOCO PRODUCTION COM		300392252000									
Address P.O. BOX 800, DENVER	, COLORADO 80	201									
Reason(s) for Filing (Check proper box)			Oth	et (Please exp	plain)					
New Well	~ ~		porter of:								
Recompletion L	Oil Casinghead Gas	i Dry (
Change in Operator L Change of operator give name	Casinghes Cas [
nd address of previous operator											
I. DESCRIPTION OF WEL Lease Name JICARILLA CONTRACT 1	Well N	o. Pool	Name, Includi ANCO MES	ng Formation	(PRORAT)		ind of Le			ase No.	
Location 0	980	-		FSL		1660			FEL	Line	
Unit Letter	:	Feel	From The	Lin	e and		Peet Fr RIO Al	om The. DDTRA		Line	
Section 04 Town	ship 25N	Rang	ge 5W	, N	мрм,		KIO AI	MI DA		County	
II. DESIGNATION OF TRA	ANSPORTER OF	OIL A	ND NATU	RAL GAS	dd 10	which appr	oved con	of this !	orm is to be see	nt)	
Name of Authorized Transporter of Oi	L	uensal¢								•	
GARY WILLIAMS ENERGY Name of Authorized Transporter of Ca	CORPORATION	or D	ry Gas 📉	Address (Gi	OX_159, ve address so	KLOOM which appr	oved cop	y of this f	orm is to be see	nu)	
		0, 2	·/ C [A]	1					, UT 84		
NORTHWEST PIPELINE C If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp	Rge.		ly connected?		Vhen ?				
If this production is commingled with t	hat from any other lease	or pool,	give comming	ling order num	iber:						
IV. COMPLETION DATA	loit w		Gas Well	New Well	_,	Deep	en Pi	ug Back	Same Res'v	Diff Res'v	
Designate Type of Completi	on - (X)	i		i	1	_i			i	<u>i</u>	
Date Spudded	Date Compl. Read	Date Compl. Ready to Prod.			Total Depth				P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay				Tubing Depth		
Perforations					D				Depth Casing Shoe		
	TUBIN	G. CA	SING AND	CEMENT	ING RECO	ORD	!				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT			
				-							
V. TEST DATA AND REQU	JEST FOR ALLO	WABL	Æ	the equal to c	e arceed ton	allowable (or this de	oth or be	for full 24 hou	urs.)	
	Date of Test	une of lo	aa ou and mus	Producing N	dedied (Flow	, pump, gas	lys, etc.)	· · · · · · · ·	<u> </u>		
Date First New Oil Run To Tank	Date of Test						_	G.E.	IVE	D	
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure					<u> </u>	
Actual Prod. During Test	Oil - Bbis.	Oil - Bbls.			Water - Bbls.				JUENC 5 1990		
CACWELL				<u>-l</u>					4. DIV.)	
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF				& Dist Collensate		
					4			hoke Siz	<u> </u>		
Testing Method (pitot, back pr.)	Tubing Pressure (Tubing Pressure (Sliul-in)			Casing Pressure (Shut-in)						
VI. OPERATOR CERTII	FICATE OF CO	MPLL	ANCE		OIL CO	ONSE	RVA⁻	TION	DIVISIO	NC	
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.					Date Approved				JUL 5 1990		
NU alla					Saio Approved						
Signature Doug W. Whaley, Staff Admin. Supervisor							<u>ک</u>	4. 2.	Champ		
Printed Name		Ta	le	Titl	e		SUPER	IVISO	RDISTRIC	;T #3	
June 25., 1990	30	13-83(Telepho	0-4280 ne No.								
		•								4	

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
- 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
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DISTRICT 1
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OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 300392252000 AMOCO PRODUCTION COMPANY P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Dry Gas Recompletion 17Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Pool Name, Including Formation
BASIN DAKOTA (PRORATED GAS) Well No. 11E State, Federal or Fee JICARILLA CONTRACT 146 Location 980 1660 Feet From The Feet From The Unit Letter RIO ARRIBA 25N 04 County Township NMPM Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P.O. BOX 159, BLOOMFIELD, NM 87413 GARY WILLIAMS ENERGY CORPORATION or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas SALT LAKE CITY, DT 84108-0899 P.O. BOX 8900 NORTHWEST PIPELINE CORPORATION When? is gas actually connected? Unit Sec. ITwp. If well produces oil or liquids, give location of tanks. Rge If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v Oil Well Gas Well New Well | Workover Deepen Designate Type of Completion - (X) PB.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (lest must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Due of Test Tubing Pressure Casing Pressure Length of Test Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** OF COMPDIA Bbis, Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) l'esting Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved _

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

Signature Doug

Printed Name

June 25.

W. Whaley

1990

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

By_

Title

SUPERVISOR DISTRICT #3

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

Supervisor

Title

303-830-4280_

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.