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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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210		D. Box 2088 w Mexico 87504-2088	/N /			
DISTRICT III 1000 Rio Britos Rd., Aziec, NM 87410 1.	REQUEST FOR ALLO	WABLE AND AUTHORI	ZATION			
Operator AMOCO PRODUCTION COME	OIL AND NATURAL G	Well API No.	Well API No. 300392252100			
Address P.O. BOX 800, DENVER,			3003922	52100		
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of	Other (Please expli	in)			
Recompletion	Oil Dry Gas Casinghead Gas Condensate	[] [v)				
If change of operator give name and address of previous operator	Cashightad Gas Condensate	IAI				
II. DESCRIPTION OF WELL	AND LEASE					
Lease Name JICARILLA CONTRACT 14	Weit No. Pool Name, in OTERO C	cluding Formation CHACRA (GAS)	Kind of Lease State, Federal			
Unit Letter P	970 Feet From The	FSL Line and11	20 Feet From	TheLine		
Section 10 Towns	hip 25N Range 5	W , NMPM,	RIO ARR			
III. DESIGNATION OF TRAI	NSPORTER OF OIL AND NA	TURAL GAS				
Name of Authorized Transporter of Oil GARY WILLIAMS ENERGY	OORDODATION	Address (Give address to wh				
Name of Authorized Transporter of Casis	nghead Gas 📋 💮 or Dry Gas 🗍	P.O. BOX 159 B Address (Give address to wh	LOOMETELD , 1 ch approved copy of	MM 87413 this form is to be sent)		
EL PASO NATURAL GAS Co	lu. la la	P.O. BOX 1492, Rge. Is gas actually connected?				
give location of tanks. If this production is commitmented with the	_i i i i		When ?			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comm	ungling order number.				
Designate Type of Completion	Oil Well Gas Well - (X)	I New Well Workover	Deepen Plug B	ack Same Res'v Diff Res'v		
Date Spudded	Date Compl. Ready to Prod	Total Depth	P.B.T.),		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing	Tubing Depth		
Perforations			Depth (Casing Shoe		
	TUBING CASING AN	ID CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
V. TEST DATA AND REQUES OIL WELL (Test must be after to	T FOR ALLOWABLE	,				
Date First New Oil Run To Tank	ecovery of total volume of load oil and m	Producing Method (Flow, pum	able for this depth or o, gas lift, etc.)	be for full 24 hours.)		
Length of Test	Tubing Pressure	Casing Pressure	FEEL	1EM		
Actual Prod. During Test			B U 10.			
Trock During Test	Oil - Bbls.	Water - Bbls.	JUL 65 19	90		
CAS WELL		(H CON.			
Actual Prod. Test - MCI/D	Length of Test	Bbls. Condensate/MMCF	DISTUIS	f Condensate		
Testing Mediod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke S	ize		
VI. OPERATOR CERTIFICA	ATE OF COMPLIANCE					
I hereby certify that the rules and regular Division have been complied with and the	tions of the Oil Conservation	OIL CONS	ERVATION	N DIVISION		
is true and complete to the best of my ki	nowledge and belief.	Date Approved	Jl	JL 5 1990		
_ D. H. Shley				-1		
Signature Doug W. Whaley, Staf	f Admin. Supervisor	Ву	3.1)	Charles Charles		
Printed Name June 25, 1990	Tale	Title	SUPERVIS	SOR DISTRICT /3		
Date 20, 1990	303-830-4280 Telephone 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.

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OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Ariesia, NM. 88210	9.2	P.O. Bo	ox 2088 exico 87504-2088	2					
<u>DISTRICT III</u> 1000 Rio Bia <i>to</i> s Rd., Aziec, NM -87410)	•	BLE AND AUTHO						
I.			AND NATURAL	L GAS					
Operator ANOCO PRODUCTION COMPANY					Well API No. 300392252100				
Address P.O. BOX 800, DENVER	, COLORADO 802	01		-					
Reason(s) for Filing (Check proper box,)		Other (Please	z explain)					
New Well L. J. Recompletion	oii 🗀	Transporter of: Dry Gas							
Change in Operator L. J. If change of operator give name	Casinghead Gas	Condensate X							
and address of previous operator									
II. DESCRIPTION OF WEL! [Lease Name]		Pool Name, Include	ne Formation	Kind	of Lease	Lease	: No.		
JICARILLA CONTRACT 14			SÅVERDE (PROR						
Location P Unit Letter	970	_ Feet From The	FSL Line and	1120 Fe	eet From The	FEL	line		
Section 10 Towns	ship 25N	Range 5W	, NMPM,	RIC	ARRIBA		County		
III. DESIGNATION OF TRA				- 1,1					
Name of Authorized Transporter of Oil GARY WILLIAMS ENERGY.	L	usate [X]	Address (Give address P.O. BOX 15						
Name of Authorized Transporter of Cas		or Diy Gas X	Address (Give address	s to which approved	t copy of this form	is to be sent)			
NORTHWEST PIPELINE CO	ORPORATION	Twp. Rge.	P.O. BOX 89			HT 8410	18-0899		
give location of tanks.	ii	1	L	i					
If this production is commingled with th IV. COMPLETION DATA	at from any other lease or	pool, give comming	ling order number:						
	Oil Wel	l Gas Well	New Well Worko	ver Deepen	Plug Back Sa	me Res'v	alf Res'v		
Designate Type of Completion Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations					Depth Casing S	hoe			
	TUBING	. CASING AND	CEMENTING RE	CORD					
HOLE SIZE	CASING & T		DEPTH		SACKS CEMENT				
 V. TEST DATA AND REQU	EST FOR ALLOW	ABLE	1						
OIL WELL (Test must be after Date First New Oil Run To Tank	r recovery of total volume	of load oil and musi	be equal to or exceed to Producing Method (FI			full 24 hours.)			
Length of Test	Tubing Pressure		Casing Pressure	D) E	BETY	EM			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	W .	Gas-MCF UL 5 199	n W			
GAS WELL				<u>_</u>		<u> </u>			
Actual Prod. Test - MCF/D	Leagth of Test		Bbls. Condensate/MM	ICF OIL	Charley Chi-Coa	echalic .			
Testing Method (pitot, back pr.)	Tubing Pressure (Shi	u-in)	Casing Pressure (Shut	-in)	Choke Size	······································			
					<u> </u>				
VI. OPERATOR CERTIFIT Thereby certify that the rules and re-			OILC	ONSERV	ATION D	IVISION	1		
Division have been complied with a	nd that the information gi				5	1990			
is true and complete to the best of n	ny knowledge and belief.		Date Appr	roved	JUL 5	1770			
Signature Signature			Ву	3	n) d	-/			
Doug W. Whaley, St Printed Name	aff Admin. Sup	Dervisor Tille	Title	SUPE	ERVISOR DI	STRICT	/ }		
June 25, 1990		-830-4280							

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