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Appropriate District Office
DISTRICT I
P.O. Dox 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

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

DISTRICE II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| Obstatot | | 10 11 | MN | SPOHIC | DIL AND N | ATURALO | GAS | | | | |
|--|----------------------------|------------------|------------------|--|--|--|---------------|-----------------------|--|--|--|
| AMOCO PRODUCTION CO | | | | | | | | | I API No. | | |
| Address | JMPANY | | | | ······································ | | | • | | | |
| 2325 East 30th Stre | eet. Far | mineto | n. | NM 874 | n 1 | | | | | | |
| Reason(s) for Filing (Check proper box |) | | | | | ther (Please ex | nlais) | | | | |
| New Well | Oil | | | ansporter of: | _ | | • | | | | |
| Recompletion [] Change in Operator [] | ₫ Da | | Effective 6-1-89 | | | | | | | | |
| If change of operator give name | Casinghe | ad Gas | J Co | ondensate | | | | | | | |
| and address of previous operator | | | | ·· | | | | | | | |
| II. DESCRIPTION OF WELL | L AND LE | EASE | | | | | | | | | |
| Lease Name Well No. Pool Name, Includ | | | | | | ling Formation Kind | | | Lease No. | | |
| Jicarilla Contract l | 148 36 W. Lindri | | | | ith Gal | th Gallup Dakota Sine | | | DicCont 148 | | |
| · | _ | | | | | | | | DICCONT 178 | | |
| Unit Letter H | :_ _ 37 | 90 | Fe | ct From The _ | نال | ine and <u>b</u> | 70 | Feet From The | E Line | | |
| Section 23 Towns | انہ <u>ے</u> 25 | | Ð. | inge 5 U | ١ . | .0.4111.4 | | | | | |
| • | | | | | | | 210 Ar | ri pa | County | | |
| III. DESIGNATION OF TRA Name of Authorized Transporter of Oil | NSPORTI | ER OF O | 111 | AND NAT | URAL GAS | 3 | | | | | |
| Meridian Oil Inc. | \bowtie | or Conde | nsale | | Address (G) | ive acklress to t | which approv | ed copy of this for | n is to be sent) | | |
| Name of Authorized Teams and Co. | | | | | P. O. Box 4289, Farmington, NM 87499 | | | | | | |
| El Paso Natural Gas Co. | | | | | Caller | Address (Give achtress to which approved copy of this form is to be sent) Caller Service 4990, Farmington, NM 87499 | | | | | |
| If well produces oil or liquids, ive location of tanks. | | | | ls gas actual | lly connected? | 4990, Who | rarmington | , NM 87499 | | | |
| | _ _H | <u> 23</u> | 12 | 5N 51. | Yes | 2 | ''' | -11 4 | | | |
| this production is commingled with that V. COMPLETION DATA | l from any od | ier lease or | pool | , give commin | gling order nun | iber: | | | | | |
| | | Oil Well | | Gas Well | Now Wate | Workover | | | | | |
| Designate Type of Completion | 1 - (X) | | | 1 Hew Well | Molkover | Deepen | Plug Back Sa | une Res'v Diff Res'v | | | |
| Date Spudded | Date Compl. Ready to Prod. | | | | Total Depth | . 1 | _! | P.B.T.D. | | | |
| levations (DF, RKB, RT, GR, etc.) | Name of P | roducion E | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | |
| • | | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| erforations | | | | | 1 | | | Depth Casing Shoe | | | |
| The state of the s | | | | | | | | Explain Casting 2 | noe . | | |
| HOLE SIZE | CA | SING AND | CEMENTI | | | | | | | | |
| THOILE OILE | CASING & TUBING SIZE | | | | DEPTH SET | | | SAC | SACKS CEMENT | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| . TEST DATA AND REQUE | CE EXT | | | | | | | - | The state of the s | | |
| IL WELL (Test must be after) | SE FOR A | III.OW | MBL. actu | 45 . 4 . 9 4 | . 1 | | | A P G |) & C C C C C C C C C C C C C C C C C C | | |
| OLL WELL (Test must be after to Date First New Oil Run To Tank | Date of Tes | 1 | oj io | id oil and mus | Producing M. | exceed top all ethod (Flow, p | omuble for th | is deall or be for | WE THE THE | | |
| | | - | | | Treatment in | emod (1-1014, pi | ump, gas tyt, | | וטן | | |
| ength of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size | 1 0 5 1989 | | |
| ctual Prod. During Test | Oil - IIbls. | | | | | | | | ONI DIV | | |
| The second secon | Oit - Hols. | | | | Water - fibls. | Water - fibls. | | | DIST. 3 | | |
| BAS WELL | _L. <u></u> | | | | .1 | | | _ | 1631. 3 | | |
| octual Prod. Test - MCF/D | Length of 'I | l'est | | | Thile Conden | ento/AAAA/CE | | | | | |
| | | | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| sting Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | | ······································ | Casing Pressure (Shut-in) | | | Choke Size | | | |
| A OBEDATOR CERTIFIC | I OF | | | | <u></u> | | | | | | |
| I. OPERATOR CERTIFIC Thereby certify that the rules and regul | ATE OF | COMP | LIA | INCE | (| אוו כטג | ICEDIA | ATION DI | MOION | | |
| Division have been complied with and | that the infor | nution sive | ation n abo |))Y 6 | | JIL CON | NOERV. | A HON DI | VISION | | |
| is true and complete to the best of my | knowledge an | d belief. | | · · - | Date | Annrous | ا۔ | HIM OF 400 | 10 | | |
| (5) \(\alpha_{\alpha_{\beta}} \) | | | | | Date Approved | | | | | | |
| Signiture | | | | | By_ | By Bill Change | | | | | |
| B. D. Shaw Adm. Supv. | | | | | SUPERVISION DISTRICT # 3 | | | | | | |
| Printed Name Tutle -6-1-89 (505) 325-8841. Telephone No. | | | | | Title. | | | - ATOM DIST | 11 CT # 3 | | |
| Date | (2 (12) | ・325-88 Telep | 4 L hone | No. | | | | | | | |

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

1) Request for allowable for newly drifted 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