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Appropriate District Office
DISTRICT I
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, Artesia, NM 88210	Santa Fe		ox 2088 exico 87504-2088						
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQUEST FOR A	LLOWAE	BLE AND AUTHO						
						API No.			
AMOCO PRODUCTION COMPA	INY			300)390666400				
P.O. BOX 800, DENVER,	COLORADO 80201		(N) (0)						
Reason(s) for Filing (Check proper box) New Well	Change in Transp	orter of:	Other (Please	explain)					
Recompletion	Oil Dry G	25							
Change in Operator [_] If change of operator give name	Casinghead Gas Conde	nsale X							
and address of previous operator									
II. DESCRIPTION OF WELL Lease Name		lame, Includi	ng Formation	Kind	of Lease	Lease	No.		
JICARILLA APACHE 102			PICTURED CLIFF		Federal or Fee	<u> </u>			
Location Unit LetterK	: Feet Fr	rom The	FSL Line and	1450 F	eet From The	FWL	Line		
Section 04 Townshi	p 261 Range	4W	, NMPM,	RIC	ARRIBA		County		
III. DESIGNATION OF TRAN	SPORTER OF OIL AN	ID NATUI	RAL GAS Address (Give ackiress to	o which approved	1 copy of this form	is to be sent)			
GARY WILLIAMS ENERGY (Name of Authorized Transporter of Casin		Gas [X]	P.O. BOX 159 Address (Give address to						
GAS COMPANY OF NEW MEX If well produces oil or liquids,	(ICO S∞. Twp.	Rge	P.O. BOX 1899			87413			
give location of tanks.	<u>ill</u>			i					
If this production is commingled with that IV. COMPLETION DATA									
Designate Type of Completion		Gas Well	New Well Workove	r Deepen	Plug Back Sai	ne Res'v Dii	if 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		1	Top Oil/Gas Pay		Tubing Depth	Tubing Depth			
Perforations		Depth Casing Shoe							
	TUBING CASI	NG AND	CEMENTING REC	ORD	<u> </u>				
HOLE SIZE	CASING & TUBING		DEPTH S	SACKS CEMENT					
V. TEST DATA AND REQUES		•			1				
OIL WELL (Test must be after r Date First New Oil Run To Tank	Dute of Test	oil and must	be equal to or exceed top Producing Method (Flow			ull 24 hours)			
				_ M	FEFL	MELU	<u> </u>		
Length of Test	Tubing Pressure		Casing Pressure	IK '	11880: Mac 8	• • [J]	;		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		JH MC 2 1990				
GAS WELL		<u> </u>	<u> </u>	0	L CON.	Di,			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCI	Gr. DJSTCondensate					
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size				
VI. OPERATOR CERTIFIC	ATE OF COMPLIAN	JCF	[1				
I hereby certify that the rules and regul	ations of the Oil Conservation		OIL CO	ONSERV.	ATION DI	VISION			
Division have been complied with and is true and complete to the best of my l		;	Doto Appea	ال مص	L 2 1990				
NIIIO.			Date Appro	vea	Λ				
Signature Signature			Ву	2					
Doug W. Whaley, Star	ff Admin. Supervis		Title	CUMER VI ,	OR DISTA	UT #3			
June 25, 1990	303-830-4								

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 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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DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

1000 Rio Brazos Rd., Azzec, NM 8.	REQ					AUTHORIZ				
perator AMOCO PRODUCTION COMPANY					Well API No. 300390666400					
Address P.O. BOX 800, DENVI		ADO 8020	1							
Reason(s) for Filing (Check proper New Well Recompletion Change in Operator	box)	Change in			Ouh	es (Please expl	ain)			
f change of operator give name and address of previous operator										
II. DESCRIPTION OF WI Lease Name JICARILLA APACHE 10					ng Formation SAVERDE	(PRORATEI		of Lease Federal or Fe		ease No.
Location K	;	1450	Feet Fro	m The	FSL Lin	e and1	450 Fe	et From The	FWL	Line
Section 04 To	wnship 26	6N	Range	4W	, N	мрм,	RIC	ARRIBA		County
III. DESIGNATION OF T Name of Authorized Transporter of GARY WILLIAMS ENER! Name of Authorized Transporter of GAS COMPANY OF NEW If well produces oil or liquids, give location of tanks.	Oil GY_CORPOR/ Casinghead Gas	or Condens	sate [NATU X Gas X Rge	Address (Gio	e address to whom the address to the	BLOOME LE hich approved	LD, NM copy of this	87413 form is to be s	
f this production is commingled wit	h that from any o	other lease or p	pool, give	commingl	ing order num	ber:				
IV. COMPLETION DATA Designate Type of Complete		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		nipł. Ready to	Prod.		Total Depth	L	L	P.B.T.D.	4	_1
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay Tubing Depth						
Perforations				<u> </u>			Depth Casi	Depth Casing Shoe		
					00.40.40	<u> 55000</u>		<u> </u>		
HOLE SIZE	C	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REC	QUEST FOR after recovery of			il and must	be equal to or	exceed top all	owable for the	s depth or be	for full 24 hor	us)
Date First New Oil Run To Tank	Date of	Test			Producing M	ethod (Flow, p	ump, gas lýt, .	etc.)		
Length of Test	Tubing I	Tubing Pressure			Casing Pressure			Choke Size	INE	IN.
Actual Prod. During Test	Oil - Bb	Oil - Bbls.		Water - Bbls.			GAT MCF	1990	שו	
GAS WELL								JUL 2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Actual Prod. Test - MCF/D	Lengui	Length of Test			Bbls. Condensate/MMCF			To CONTO DIA		
Testing Method (pilot, back pr.)	Tubing	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Chio DIS	7. 3	
VI. OPERATOR CERT I hereby certify that the rules and Division have been complied wi is true and complete to the best	s regulations of the that the in	he Oil Conserv formation give	vation	CE		OIL CON		2 1990	_	NC
Signature Doug W. Whaley,	Staff Adm	in. Supe	ervis	or	By_	_	بدمنه	Oh-	<i></i>	
Printed Name June 25, 1990		303-8	Title 830-4: phone No	280	Title	SU	PERVISO	R DISTR	1CT #3	

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