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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

O. Drawer DD, Anesia, NM 88210		Canta		O. Bo:	x 2088 xico 8750	4-2088		/			
ISTRICT III							ATION:				
200 Rio Brazos Rd., Aziec, NM 87410	REQUI	EST FOF	ALLO	WABI	LE AND A	NUTHORIZ	ATION				
		OTHAN	SPOH	IOIL	AND NA	TURAL GA	Well A	Pl No.			
Operator AMOCO PRODUCTION COMP.					390666600						
ddress											
P.O. BOX 800, DENVER,		0 80201				- (DI	;_)				
leason(s) for Filing (Check proper box)		Change in Tr	anconter	of:	Oth	ct (Please expla	in)				
lew Well L.J	Oil	,	ry Gas								
Change in Operator		Gas 🔲 C		X)							
change of operator give name ad address of previous operator											
	ANDLEA	er.									
I. DESCRIPTION OF WELL ease Name			ool Name	, Includir	ng Formation			(Lease	Lea	se No.	
JICARILLA APACHE 102	1					CLIFFS (PRO State, I	Federal or Fee			
ocation					POT	1/	. .		FWL		
Unit LetterK	:1	450 F	ect From	The	FSL Lin	c and	150 Fo	t From The _	LMT	Line	
Section 03 Towns	26N	(1971 The second	ange	4W	N	мрм,	RIO	ARRIBA		County	
Section U.3 Towns	пр —		ange		. 4.12						
II. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND I	NATUI	RAL GAS						
Name of Authorized Transporter of Oil		or Condensa	re 🗆		Address (Gn	e address to wh					
GARY WILLIAMS ENERGY	CORPORAT	1 <u>0N</u> 0	r Dry Gas		P.O. B	OX 159 . I ve address to wh	SLOOMFIE	LD , NM copy of this fo	87413 vm is 10 be sen	······································	
Name of Authorized Transporter of Casi		[·	. 5., 62.								
GAS COMPANY OF NEW ME f well produces oil or liquids,	Unit	Unit Sec. Twp. Rge.			P.O. BOX 1899, BLOOMF11 is gas actually connected? When it			7			
ive location of tanks.					L						
this production is commingled with the	at from any oth	er lease or po	ol, give c	ommingl	ing order num	ber:					
V. COMPLETION DATA		Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)					i	<u>i </u>			<u> </u>	
Date Spudded	Date Comp	l. Ready to P	rod.		Total Depth			P.B.T.D.			
				Top Oil/Gas Pay			Tuking Donth				
Elevations (DF, RKB, RT, GR, etc.)	Name of 13	Name of Producing Formation				Top Oluges 1 = y			Tubing Depth		
Perforations				···	·			Depth Casing	g Slice		
								<u> </u>			
					CEMENTI	NG RECOR			NOVE CEME	NIT	
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
					<u> </u>			1			
V. TEST DATA AND REQU OIL WELL (Test must be afte	EST FOR A	LLOWA	BLE		. h awal to o	= except top all	anable for the	s depth or be t	for full 24 hom	(۵	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		1000 011	21/21 MIEST	Producing N	lethod (Flow, pr	ump, gas lýt, e	nc)	UEIT	<i>i</i>	
Date this new oil Run to tame	Date of 10	-					u	WE !	API	Ŋ	
Length of Test	Tubing Pre	ssure			Casing Press	aure	:0) R	Canake Size	-00	•	
		Oil - Bbls.				Water - Bbls.			JULINCE 1990		
Actual Prod. During Test	Oil - Bbls.								DIL CON. DIV.)		
					.1			" CO	- 9		
GAS WELL Actual Prod. Test - MCI/D	Length of	Test.			Bbls. Conde	nsate/MMCF		Gravit	ondensate		
Actual Flod: Test - Mic17D											
lesting Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size	11.0	•	
								<u> </u>			
VI. OPERATOR CERTIF	ICATE OF	COMP	LIANC	Œ		OIL COI	USERV	ATION	DIVISIO	N	
I hereby certify that the rules and re	gulations of the	Oil Conserv	ation n above				,02117				
Division have been complied with a is true and complete to the best of n	no mai me into ny knowledge a	amation gives and belief.	u 400)YC		Do	a Annrous	ad IIII	9 100	an		
11.1 100	. •				Dai	e Approve		L 433	, U	4	
L.H. Uhler					By.	_	7 、	\sim	_		
Signature Doug W. Whaley, St	caff Admi	n Sune	rvisa	r	by.		راسه	- Chan	8		
Doug W. Whaley, St	THE GOINT		Title		Title	_a S	UPERVIS	OR DISTI	RICT #3		
June 25, 1990		303-8	30-42		''''	·					
Date		Telep	thone No.		H						

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 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe	P.O. Bo	ox 2088 exico 87504-20	88		í			
<u>DISTRICT III</u> 1000 Rio Brizos Rd., Aziec, NM 8741	0	•			ON.				
1.	REQUEST FOR A TO TRANSP		AND NATURA		ON				
Operator AMOCO PRODUCTION COM	PANY			Well API No. 30039066660					
Address P.O. BOX 800, DENVER	, COLORADO 80201		····						
Reason(s) for Filing (Check proper box			Other (Plea	use explain)					
New Well Recompletion	Change in Transp	, , , ,							
Change in Operator	Casinghead Gas Conde	-	- 7//						
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WEL Lease Name JICARILLA APACHE 102	Well No. Pool I		ing Formation SAVERDE (PROI		Kind of Lease State, Federal or Fee	Lea	ise No.		
Location K	1450	From The	FSL Line and _	1450	Feet From The	FWL	t:		
n3	26N	/.W			RIO ARRIBA		Line		
Section Town	iship 2014 Range	3 7"	, NMPM,		KIO AKKIDA		County		
III. DESIGNATION OF TRA		ND NATU	~ ·						
Name of Authorized Transporter of Oil	لا		1	•	proved copy of this for		1)		
GARY WILLIAMS ENERGY Name of Authorized Transporter of Ca		y Gas 🔯			IF IELD , NM proved copy of this for		1)		
GAS COMPANY OF NEW M					OMFIELD, NM	87413			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	I Rge.	is gas actually conne	xted?	When ?				
If this production is commingled with the IV. COMPLETION DATA	nat from any other lease or pool, gi	ive comming!	ing order number:	1					
Designate Type of Completic	Oil Well	Gas Well	New Well Work	cover Dec	pen Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth	Tubing Depth			
Perforations			1		Depth Casing	Shoe			
	TUBING, CAS	ING AND	CEMENTING RI	ECORD	1.				
HOLE SIZE	CASING & TUBING		DEPT	S	SACKS CEMENT				
···									
V TECT NATA AND DECIT	POT DOD ALLOWANIE	,							
V, TEST DATA AND REQU OIL WELL — (Test must be afte	EST FOR ALLOWABLE ir recovery of total volume of load		be equal to or exceed	top allowable i	for this depth or be fo	r full 24 hours	r.)		
Date First New Oil Run To Tank	Date of Test		Producing Method (F						
Length of Test	gth of Test Tubing Pressure			Casing Pressure			Choice Size W E M		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	:XX	G. MCF	ص <u>ال</u>			
GAS WELL			 		JUL 2 19	- 11 1			
Actual Prod. Test - MCF/D Length of Test			Bbls. Condensate/Mi	CU CON	CONT. 2				
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		DIST.	ODIST. 3			
resumg tercunou (puot, back pr.)	rooms ressure (Storm)		-maing a resource (2004)	u <i>j</i>	CHORE SIZE				
VI. OPERATOR CERTIFI I hereby certify that the rules and reports to the best of its true and complete to the best of its true and complete to the best of its true.	gulations of the Oil Conservation and that the information given above			CONSEI	RVATION E	IVISIO	N		
_ LI. D. Whiley	-		Ву	3.1		/			
Signature Doug W. Whaley, St	aff Admin. Supervi:	sor			VISOR DISTRI	OT #5			
June 25, 1990			Title						

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.