Subnut 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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210	P.O. Box Santa Fe, New Mex	x 2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABI	LE AND AUTHORIZATION	1				
l.	TO TRANSPORT OIL	AND NATURAL GAS	II API No.				
Operator AMOCO PRODUCTION COMPA	\NY	l l	00392245400				
P.O. BOX 800, DENVER,	COLORADO 80201	Other (Please explain)					
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Court is seen expensely					
Recompletion	Oil Dry Gas						
Change in Operator	Casinghead Gas Condensate X						
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL	AND LEASE		and of Lease Lease No.				
Lease Name JICARILLA APACHE 102	Well No. Pool Name, Includir 8E BLANCO MES	GAVERDE (PRORATED GASS					
Location Unit Letter	1700 Feet From The	FSL Line and 940	Feet From The FEL Line				
Section 03 Townsh	nip 268 Range 4W	, NMPM,	RIO ARRIBA County				
III. DESIGNATION OF TRAI	NSPORTER OF OIL AND NATU	RAL GAS Address (Give address to which appro	oved copy of this form is to be sent)				
		P.O. BOX 159, BLOOM					
GARY WILLIAMS ENERGY Name of Authorized Transporter of Casin	nghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)				
GAS COMPANY OF NEW ME If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	/hea ?				
If this production is commingled with the IV. COMPLETION DATA	it from any other lease or pool, give commingl	ling order number:					
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepe	en Plug Back Same Res'v Diff 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	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				
	TUBING, CASING AND	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
V. TEST DATA AND REQUI	EST FOR ALLOWABLE						
OIL WELL (Test must be after	recovery of total volume of load oil and must	the equal to or exceed top allomable for	r this depth or be for full 24 hours)				
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas	ACIVE IN				
Length of Test	Tubing Pressure	Casing Pressure	E Lisin E				
Actual Prod. During Test	Oil - Bbls.		IUL 45 1990				
		Oll	CON. DIV.				
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	DISTUY & Condensate				
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
Testing Method (pitot, back pr.)	, asing trestate (with my						
I hereby certify that the rules and re-	CATE OF COMPLIANCE guilations of the Oil Conservation	OIL CONSER	RVATION DIVISION				
Division have been complied with a is true and complete to the best of m	nd that the information given above ny knowledge and belief.	Date Approved	յսլ 5 19 90				
D. H. Shley		By	und /				
	aff Admin. Supervisor	SUPERVISOR DISTRICT 13					
Printed Name June 25, 1990	303-830-4280	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.

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWARI F AND AUTHORIZATION

l .	TO	TRANS	SPORT OIL	AND NA	TURAL	GAS							
Operator ANOCO PRODUCTION COMPANY					Weil API No. 300392245400								
Address P.O. BOX 800, DENVER,	COLORADO	80201											
Reason(s) for Filing (Check proper box) New Well Recompletion	Chi Oil	ange in Tra		Ou	her (Please	explain)	****					
Change in Operator	Casinghead Ga	us Co	ondensate X			-							
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL . Lease Name JICARILLA APACHE 102	We	II No. Po	ol Name, Includ BASIN DAK			GAS)		of Lease Federal or Fe	1	ase No.			
Location Unit Letter	170	0 Fe	et From The	FSL Li	ne and	940	Fe	et From The	FEL	Line			
Section 03 Township	26N	Ra	inge 4W		МРМ,		R10	ARRIBA		County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) GARY_WILLIAMS_ENERGY_CORPORATION P.O. BOX_159, BLOOMFIELD, NM 87413												
Name of Authorized Transporter of Casing			Dry Gas 💢						orm is to be ser	น)			
NORTHWEST PIPELINE COR If well produces oil or liquids, give location of tanks.	PORATION - Unit Sec L	. TV	vp. Rge.	le gas actual			ALT LA When		, UT 84	108-0899			
If this production is commingled with that f IV. COMPLETION DATA	rom any other le	ase or poo	l, give comming	ing order nun	iber:								
Designate Type of Completion		il Well	Gas Well	New Well	Workove	:	Deepea	Plug Back	Same Res'v	Diff Res'v			
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.						i	.					
Elevations (DF, RKB, RF, GR, etc.)	ns (DF, RKB, RF, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth				
Perforations				<u> </u>	Depth Casing Shoe								
	TUB	ING, C	ASING AND	CEMENT	CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT					
V. TEST DATA AND REQUES	T FOR ALL	OWAB	LE	L				l					
OIL WELL (Fest must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					r exceed top lethod (Flor				for full 24 hour	<u>s.)</u>			
Length of Test	Tubing Pressure			Casing Pressure				ÊŤŸ	E lñ.				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.				Gas- MCF 5.1990					
GAS WELL	L			<u> </u>			JUL	_					
Actual Prod. Test - MCF/D	Length of fest			Bbls. Conde	nuc/MMC	ГС		DNN D	basensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	ure (Shut-in	i)	. Di	ST. 3 Choke Size					
VI. OPERATOR CERTIFICATE OF COMPLIANCE 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.			OIL CONSERVATION DIVISION Date Approved JUL 5 1990 By July Survived										
Signature Doug W. Whaley, Staf Printed Name June 25, 1990 Date		Til	ule 0-4280	Title			Sul	PERVISO	R DISTRIC	CT /3			

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