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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

Operator	1	UIRA										
Operation				0111 010	- WIND	NATUR	AL GA		API No.			7
ANOCO PRODUCTION COMPANY						300390671500						
Address P.O. BOX 800, DENVER,	COLORAD	0 8020)]									
Reason(s) for I iling (Check proper box)						Other (Plea	se expla	in)				
New Well		Change in		(
Recompletion []	Oil Casinghead	~~~	Dry Ga	- /								
If change of operator give name	Castiglicat		Conuc	ISSUE [V]								
and address of previous operator												
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name JICARILLA APACHE 102 Well No. Pool Name, Inch 9 BS MESA					ding Formation GALLUP (GAS)				Kind of Lease State, Federal or Fee		Lease No.	
Location												
Unit LetterG	_ :1	600	. Feet Fi	rom The	FNL	Line and _	18	00 F	cet From The	FEL	Line	
Section 04 Townshi	_P 26N		Range	4W	¥	, NMPM,		R10	ARRIBA		County	
HE DESIGNATION OF TRANS	enanwei	000		IN MARKE	D.I. 0							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden					ss to wh	ich approved	copy of this	form is to be s	tat)	-
	ш		-								,	
GARY WILLIAMS ENERGY CORPORATION Name of Authorized Transporter of Casinghead Gas					P.O. BOX 159, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent)							
NORTHWEST PIPELINE COR	PORATIO	N			1					, UT 84		19
If well produces oil or liquids, give location of tanks.	4	Sec.	Twp.	Rge.	ls gas ac	tually conne	caed?	When		,		
I this production is commingled with that	from any othe	r lease or	pool, giv	e commingl	ing order	number:					-	
IV. COMPLETION DATA		Oil Well	-1-6	Gas Well	New V	Vell Worl	over	Deepen	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i			1		244		1	1	
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		
	71	IBING	CASII	NC AND	CEMEN	TINC D	ECOD!					
HOLE SIZE	7				CEMENTING RECORD DEPTH SET				1	SACKS CEMENT		
HOLE SIZE CASING & TUBIN				714-h	DEFIN 3E1				Onono ozmeni			
												\neg
V. TEST DATA AND REQUES	T EOD A	iTOW	ADI E									}
OIL WELL (Test must be after re				ail and must	he equal	la ar exceed	ton allo	wible for thi	s death as he	for full 24 hou	er)	
Date First New Oil Run To Tank	Date of Test		oj ioda e	on one miss			· · · - · · · · · · · · · · · · · · · ·	np, gas lýt, a				-
Date of Tea										. • U E	• 111	1
Length of Test	Tubing Pres	sure			Casing P	Teasure			Chok 2	EINE	9	- 1
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			I Buce	0 <u>0</u>		{	
Actual Frod. During Test								SAL MCF 2 1990				
GAS WELL	1				L			 +	10 - 10 ·	-M.	Α,	1
Actual Prod. Test · MCF/D	Length of T	eni			Bbls. Co	ndensate/MI	UCF		IGG ANG	CO' ()	\neg
	•]			٠ ـ	_Q.	_ Ob. .		
aling Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-sn)				Choke Size			-
VI OPERATOR CERTIFIC	ATE OF	СОМР	IIAN	ICE	\							
				·CL]]	OIL (CON	SERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above									0.4000			
is true and corruptete to the best of my k	nowledge and	l belief.			∥ D	ate App	rovec	i <u>JUl. </u>	z 1990			
NUIDE						F-/F-			_1	,		
Signature Signature		,			B	y	3.	ر بر	Frank	, 		
Doug W. Whaley, Stat	f Admin	. Supe	ervis	or	H '		01100	DVICOB	DISTRIC	т 43		
			****		11							
Printed Name June 25, 1990		303-8	Title	000	Ti	tle	SUPE	RVISON				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regula	ATE OF ations of the C	COMP Dil Conservation give	LIAN			OIL (CON			DIVISIO	DN	

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

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 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. AMOCO PRODUCTION COMPANY 300390671500 Address P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) New Well 1 1 Change in Transporter of: Dry Gas Recompletion Oil Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee JICARILLA APACHE 102 BASIN DAKOTA (PRORATED GAS) Location 1600 FNL I ine and Unit Letter Feet From The Feet From The Line 04 26N RIO ARRIBA Township 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) \square GARY WILLIAMS ENERGY CORPORATION P.O. BOX 159, BLOOMFIELD, NM 87413
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X NORTHWEST PIPELINE CORPORATION P.O. BOX 8900, SALT LAKE CITY, UT 84108-0899 If well produces oil or liquids, When? Twp. Rgc. is gas actually connected? Unit Sec. give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v Oil Well Gas Well New Well | Workover Deepen Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Name of Producing Formation Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT **DEPTH SET** V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Water - Bbis Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF festing Method (pitot, back pr.) Tubing Pressure (Shut in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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.

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

W. Whaley, Staff Admin.

Signature Doug

Printed Name

June 25.

1990

 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By_

Title

SUPERVISOR DISTRICT #1

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Supervisor

303-830-4280. Telephone No.

- 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.