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

DISTRICUII P.O. Drawer DD, Artesia, NM 88210

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

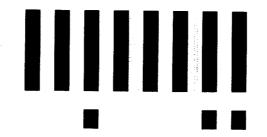
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRAI	NS	PORT OIL	AND NA	TURAL G	AS								
Operator Among Production Comps	ator moco Production Company							Well API No.							
Amoco Production Company 3003908163															
1670 Broadway, P. O. I	30 x 8 00	, Denve	r,	Colorado	80201										
Reason(s) for Filing (Check proper box)			_	_	Cth	ct (l'lease expl	ain)								
New Well	0:1	Change in [
Recompletion	Oil Casinohea	ıd Gas ☐ ·	•												
16 days from the same						E1	d C-1-		1155						
and address of previous operator 1enr	leco Ui	1 E & F		5162 S. Y	willow,	rngrewoo	a, coro	rado Bu	1122						
II. DESCRIPTION OF WELL.	AND LE														
Lease Name		1		Name, Includi	· .		DEDE	T. A. Y.	ļ.	Lease No.					
JICARILLA A Location		8 1	SAS	IN (DAKO	1A)		FEDE	KAL	1 9000	9000110					
Unit Letter H	. 23	865	Cont	From The FN	L tin	and 790	r.	et From The	FEL	Line					
Unit Letter			rea	rion the	Lili			ci i iom inc .		Lanv					
Section 17 Township	, 26N		Rang	e5W	, Ni	мрм,	RIO A	RRIBA		County					
III. DESIGNATION OF TRAN	SPORTE			ND NATU											
Name of Authorized Transporter of Oil	ame of Authorized Transporter of Oil or Condensate							Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casing	Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	ni)									
EL PASO NATURAL GAS CON	•					X 1492,			9978						
If well produces oil or liquids, give location of tanks.					is gas actuall	y connected?	When	ſ							
If this production is commingled with that	from any ot	her icase or p	ood,	give commingl	ing order num	ber:									
IV. COMPLETION DATA	•	•		-											
Deline Transform Intion	(V)	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v					
Designate Type of Completion		_			Total Depth	l	<u> </u>	1,0000	l						
Date Spudded	ed Date Compl. Ready to Prod.				Total Depai			P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth							
Perforations	<u> </u>				I			Depth Casing Shoe							
1 CHA attents								Depart cash							
		TUBING	CAS	SING AND	CEMENTI	NG RECOR	RD	.!							
HOLE SIZE	CASING & TUBING SIZE				1	DEPTH SET			SACKS CEM	ENT					
V. TEST DATA AND REQUES	 et god :	ALLOWA	ni	F	l			J							
OIL WELL (Test must be after r					be equal to or	exceed top all	lowable for the	s depth or be	for full 24 hou	rs.)					
Date First New Oil Run To Tank	Date of Te		,			ethod (Flow, p									
								I Charles Sin							
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size							
and Prod Duran Test				Water - Bbls.			Gas- MCF								
tual Prod. During Test Oil - Bbls.															
CACTURE					1										
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate							
Actual Float Float - Alet A	Length of Test							Statut, or containing							
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size							
VI. OPERATOR CERTIFIC	ATE OF	COMP		NCE	Ι Γ										
I hereby certify that the rules and regule					(OIL CO	NSERV	ATION	DIVISIO	N					
Division have been complied with and	that the info	ermation give					_								
is true and complete to the best of my l	knowledge a	ind belief.			Date	Approve	ed	<u>80 YAN</u>	1999						
at it.						••	7	· ~							
J. J. Slamplon					By_		مساه). W	<u></u>						
J. L. Hampton Sr. Staff Admin. Suprv.					'		SUPERV	ISION DI	STRICT	# 3					
Printed Name Janaury 16, 1989	Printed Name Title														
Date 10, 1969			phone		11										

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
- 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.







Job separation sheet

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Dox Drawer DD, Anesia, NM 88210

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	NSPO	RT OIL	AND NA	TURAL	GAS		brst:			
Operator AMOCO PRODUCTION COMPAN	1				PI No. 390816300							
Address P.O. BOX 800, DENVER, O		80201		······································								
Reason(s) for Filing (Check proper box)			,		Oth	es (l'iease d	explain)				
New Well		Change ig T	-	er of:								
Recompletion	Oil Casinghead		Dry Gas Condensa									
Change in Operator L	Cashighead	O	CONTOCUE	<u> </u>								
and address of previous operator												
II. DESCRIPTION OF WELL			D N.	- Inchedi	- Fu-nation			Kind o	(Lease		ease No.	
Lease Name JICARILLA A		Well No.			ng Formation ALLUP (A	ASSOCIA	ATED		ecteral or Fee			
Location H	23	365	Feet From	n The	FNL	e and	790	Fe	et From The	FEL	Line	
Unit Letter	26N		Range	5W		мрм,			ARRIBA		County	
Section Township						WI 141						
III. DESIGNATION OF TRANS		or Condens		NATU	RAL GAS	e address i	o which	h approved	copy of this f	orm is to be	sent)	
Name of Authorized Transporter of Oil		OI COMOCIIS		\supset							4 87401	
MERIDIAN OIL INC. Name of Authorized Transporter of Casing	head Gas		or Dry G						copy of this f			
NORTHWEST PIPELINE COR					P.O. B					, UT 8	4108-0899	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuali	y connecte	a r	When	,			
If this production is commingled with that f	rom any othe	r lease or p	ool, give	commingl	ing order num	ber:						
IV. COMPLETION DATA											_,	
Designate Type of Completion	- (X)	Oil Well	G:	as Well	New Well	Workov	er	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	l. Ready to	Prod.		Total Depth P.B.T.D.				J			
Name of Designation					Top Oil/Gas Pay				Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation												
l'erforations					Depth Casin	ing Shoe	٠					
	T	UBING,	CASIN	G AND	СЕМЕНП	NG REC	COD.	OF	VE	UI -		
HOLE SIZE	CASING & TUBING SIZE				DET (C) SEEL US L				KS CEMENT			
	 				AUG23				1990			
	 				 		 A 1					
							OIF	COV	DIV			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR A	LLOWA	BLE	, :	he equal to o		n allan	DIST	3	for full 24 h	ours.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Tes		oj toda o	ii ana miisi	Producing N	lethod (Flo	w, pun	φ, gas lýt,	itc.)	<i>J. J.</i>		
Laure of Tord	Table Person				Casing Pressure				Choke Size			
Length of Test	Tubing Pressure							Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				GIL- NICP			
GAS WELL	1											
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						ION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Data Approved				AUG 2 3 1990		
N11.00.						Date Approved					/	
Signature Charles Constitution						By 3. Sheet					-	
Uoug W. Whaley Staff Admin. Supervisor Printed Name						9		SUPI	RVISOR	DISTRH	T 13	
July 5, 1990		303-8	330-4 phone N	280.—								
Date			•		- 11							

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