Submit 5 Copies
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, Anesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

<u>DISTRICT III</u> DOO Rio Brazos Rd., <mark>Aziec, NM 8741</mark> 0	)	D ALL () \( \)			17ATION	/				
•	REQUEST FOR	ISPORT OIL								
Operator AMOCO PRODUCTION COMPANY						Well API No. 300392255300				
Address P.O. BOX 800, DENVER,	COLORADO 80201									
Reason(s) for Filing (Check proper box)			Oth	er (Please exp	lain)					
New Well		ransporter of:		·						
Recompletion	Oil L D  Casinghead Gas C	Ory Gas L.J.								
change of operator give name ad address of previous operator		OUGCUSED (VX)				· · · · · · · · · · · · · · · · · · ·				
I. DESCRIPTION OF WELI	L AND LEASE									
Lease Name JICARILLA GAS COM 155	Well No. P				and of Lease Leas		ease No.			
ocation	1800		FNL	8	50		FEL			
Unit Letter	: Fo	ed From The	Lin	and	Fe	et From The		Line		
Section 32 Towns	hip 26₩ R	tange 5W	, NI	мрм,	RIC	ARRIBA		County		
II. DESIGNATION OF TRA										
Name of Authorized Transporter of Oil	or Condensat		1		•	copy of this for		ni)		
GARY WILLIAMS ENERGY Name of Authorized Transporter of Casi	CORPORATION or	r Dry Gas [X]	Address (Giv	IX 159, e address io n	BLOOMETE hich approved	LD, NM copy of this for	87413 m is to be sei	ni)		
EL PASO NATURAL GAS C			P.O. B	OX 1492,	EL PASC	TX_79				
f well produces oil or liquids, ve location of tanks.	Unit   Sec.   T	wp.   Rge.	ls gas actuall	y connected?	When	Ŷ				
this production is commingled with that V. COMPLETION DATA	it from any other lease or poo	ol, give commingl	ling order num	жг:						
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	ame Res'v	Diff Res'v		
Pate Spudded	Date Compl. Ready to Pr	rod.	Total Depth		.1	P.B.T.D.		1		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay							
			Top Circus	-,		Tubing Depth				
erforations						Depth Casing	Shoe			
	TUBING, C	ASING AND	CEMENTI	NG RECOI	RD	!				
HOLE SIZE	CASING & TUBI	NG SIZE		DEPTH SET		SACKS CEMENT				
. TEST DATA AND REQUI	ST FOR ALLOWAR	LE	<u> </u>			j <u></u>				
IL WELL (Test must be after	recovery of total volume of l	•					full 24 hour	s)		
ate First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, p	ump, gas lýt, e	ic.)				
ength of Test	Tubing Pressure		Casing Pressu	re	Ø	ChEE	FIVE	K IM		
ctual Prod. During Test	Oil - Hbls.	Oit - Ubis.		Water - Bbis.			2.1.W.S	· W		
GAS WELL			J			1—JUL—	5 1990			
ctual Prod. Test - MCI/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			ar con di		
isting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shul-in)			Choke Size					
I. OPERATOR CERTIFIC	CATE OF COMPL	IANCE								
I hereby certify that the rules and regu	ulations of the Oil Conservati	ion		OIL CON	NSERVA	ATION E	IVISIO	N		
Division have been complied with and is true and complete to the best of my		NO.VE	Date	Approve	hd	JUL 5	1990			
N1/100.			Daib	Approve	·u		157,212,			
Signature Signature			Ву_		7	$\rightarrow \mathcal{A}$				
Boug W. Whaley, Sta	aff Admin, Super Ti	visor He	T-:A1 =			43 M 28	а 31 <i>890</i> т	7.4		
June 25, 1990		0-4280	Title					<u>и У</u>		

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

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## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWA	BLE AND AUT	THORIZ	ATION					
I. TO TRANSPORT OIL AND NATURAL G										
AMOCO PRODUCTION COMPA		Well API No. 300392255300								
Address P.O. BOX 800, DENVER,	COLORADO 802	201								
Reason(6) for Filing (Check proper box)			Other (Pl	ease explair	1)					
New Well	-	in Transporter of:								
Recompletion [ ]	Oil L. Casinghead Gas	Dry Gas L. Condensate X								
Change in Operator L.  If change of operator give name and address of previous operator	Casingneau Gas	Condensate [X]								
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name JICARILLA GAS COM 155	A Well No		ding Formation SAVERDE (PR	ORATED		of Lease Federal or Fee	Lease No.			
Location H	1800		FNL	850	)	<del></del>	FEL			
Unit Letter	_ :	Feet From The _	Line and			et From The	Line			
Section 32 Township	26N	Range 5W	, NMPM	L	RIC	ARRIBA	County			
III. DESIGNATION OF TRAN										
Name of Authorized Transporter of Oil GARY WILLIAMS ENERGY C	OPPOPATION	CNSate [X]	Address (Give add		• •		•			
Name of Authorized Transporter of Casing		or Dry Gas [X]	P.O. BOX Address (Give add	ress to whic	h approved	copy of this form	1413 is to be sent)			
EL PASO NATURAL GAS CO	MPANY	,, <del></del>	P.O. BOX				78			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.   Rge	. Is gas actually com	nected?	When	7				
If this production is commingled with that t	from any other lease of	r pool, give comming	gling order number:		1					
IV. COMPLETION DATA										
Designate Type of Completion	- (X)   Oil We	ii Gas Well	New Well   Wo	rkover	Deepen	Plug Back Sa	me Res'v Diff Res'v			
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	1		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Гоппаtion	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing S	lice			
	TUBINO	, CASING AND	CEMENTING I	RECORD						
HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SAC	CKS CEMENT			
V. TEST DATA AND REQUES	T FOR ALLOW	ADI E	1			l				
	ecovery of total volum		It be equal to or excee	d top allow	able for this	depth or be for j	(ull 24 hours.)			
Date First New Oil Run To Tank	Date of Test		Producing Method	(Flow, puny	p, gas lýt, e	(c.)				
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	4 E (fil)				
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.		-(D)-1	Gar MCF	2 E			
					N	F 10	00			
GAS WELL						<u> </u>				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			IL-COM- DIA					
Testing Method (pitot, back pr.)	Tubing Pressure (Shi	ut-in)	Casing Pressure (Shut-in)			Ch. Q157. 3	<u> </u>			
VI. OPERATOR CERTIFICA	ATE OF COM	PLIANCE	\ <u> </u>			L				
I hereby certify that the rules and regula		CONS	SERV	ATION DI	IVISION					
Division have been complied with and t is true and complete to the best of my k				JUL :	5 1990					
11/100	Date Ap	proved		1 .						
D. H. Uhley			Ву		3.	<u> برین</u>	thank			
Signature Doug W. Whaley, Staf	f Admin. Sur		-,		SUI	PERVISOR	DISTRICT #3			
Printed Name Lune 25 1990	202	Title -830=4280	Title							
June 25, 1990		-83U=428U	11							

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