Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II 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., Aziec, NM 87410

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	Ţ	UTRA	NSPO	HI OIL	AND NA	IUHAL	GAS	Wall A	PI Nd				
Operator AMOCO PRODUCTION COMPAI			Well API NA 300392056900										
Address P.O. BOX 800, DENVER,	COLORADO	8020	1						· · · · · · · · · · · · · · · · · · ·				
Reason(s) for Filing (Check proper box)					Oth	er (Please	explain)						
New Well	•	Change in	_	er of;									
Recompletion	Oil		Dry Gas	F.1									
Change in Operator	Casinghead	Gas	Condens	ite X									
If change of operator give name													
and address of previous operator													
II. DESCRIPTION OF WELL									of Lease	<del></del>			
Lease Name JICARILLA CONTRACT 155	LLA CONTRACT 155 Well No. Pool Name, Including OTERO CHAC					· · · · · · · · · · · · · · · · · · ·				•	Lease No.		
Location N Unit LetterN	. :9	10	. Feet From	n The	FSL Lin	e and	1850	) Fe	et From The	FWL	Line		
Section 32 Township	26N	11	Range	5W	, N	мрм,	·····	RIO	ARR1BA		County		
	( <b>n</b> o <b>n n n n</b>			N. A. COLLI									
III. DESIGNATION OF TRAN			col a		Address (C)	e address	a which	approued.	copy of this j	orm is to be	sent)		
Name of Authorized Transporter of Oil		or Conden	laste [	X]				-					
GARY WILLIAMS ENERGY C		TON			P.O. B	0X_159	, BL	DOME LE	LD, NM	87413			
Name of Authorized Transporter of Casing	thead Gas		or Dry C	as [X]					copy of this J				
NORTHWEST PIPELINE COR	. 1		)	, <del></del>						, UT 8	4108-089		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actuali	y connecte	17	When	7				
If this production is commingled with that f	[mm apv othe	r lease or	nool oive	comminut	ing order num	ber:							
IV. COMPLETION DATA								Dueses	Diug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	Oil Well	1 1 6	s Well	New Well	I wourow	"	Deepen	Ling Dack	Jame Nes v	I		
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					
			Q + 011	0.4110	CELIENCE	NC DEC	000		L				
	TUBING, CASING AND								1	01000	ACNIT		
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
	ļ												
	ļ												
	ļ												
A MONTH AND NEOLICE	TOD A	I I AND	ADLE		l								
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABLE		L			bla for thi	e danst ar ha	Cor Cultural In	over )		
OIL WELL (Test must be after re	¬		of load of	i and musi	Producing M	ether (Fla	allowa	eas lift	4 - 1		/# 3 /		
Date First New Oil Run To Tank	Date of Tes	i			Croducing M	enion (rio	<b>√</b> , µштир	, gus 191, E	.ic./ 	E 111	1		
1 A (T)					Casing Press	LLDP			Chok Si	/* *	<u></u>		
Length of Test	Tubing Pressure Oil - Bbls.				Casing Frees	u:E			Over 25 1				
Actual Prod. During Test					Water - Bbis			-æ	701 04. 3				
neum 1100. Duting 1600							4	a V	5/2 0/4				
	<u> </u>							(O)	<i>""</i>	·17.			
GAS WELL	<b></b>				ты			107	_3°_e	) C			
Actual Prod. Test - MCF/D	Length of 1	CM			Bbls. Conde	nsate/MMC	·}·	~	CITAVILY	COUNTRACE			
	Ja,-,				C2227 #	/es			Q\Y	V			
l'esting Method (pitot, back pr.)	ting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				CHOKE Size				
VI ODED ATOD CERTIFIC	ATE OF	COM	DITANT	CE	1				1				
VI. OPERATOR CERTIFIC				CE		OIL C	ONS	SERV.	ATION	DIVISI	ON		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						<b></b>							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved							
11/100					Date	a wbbro	vea						
1411111111								3		s) a			
W. F. Uning										Krang			
Signature Doug W. Whaley, Staff Admin. Supervisor Punted Name Tute					By Durish District #9								
June 25, 1990			830-4: ephone No		Title	<i>-</i>							
					<u></u>			سمسست		المراجع المراجع المراجع			

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

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## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICTALL

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

OOU RIO Brazos Rd., Azlec, NM 8/410						AUTHORI TURAL G						
Operator AMOCO PRODUCTION COMPANY							Well API No. 300392056900					
Address P.O. BOX 800, DENVER,	COLORA	DO 802	)1									
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  [ clininge of operator give name	Oil Casinghea	<b>~</b> 222	Dry (		Ou	net (Please expl	ain)					
nd address of previous operator			-									
I. DESCRIPTION OF WELL Lease Name JICARILLA CONTRACT 155		ding Formation	(PRORATE		of Lease Federal or Fe		ease No.					
Location Unit LetterN		910	Feet	From The _	FSL Lie	ne and1	850 Fe	et From The	FWL	Line		
Section 32 Township	26	N	Rang	e 5W		ІМРМ,	RIC	ARRIBA	<u> </u>	County		
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil GARY WILLIAMS ENERGY C Name of Authorized Transporter of Casing	Address (Gi P.O. B Address (Gi	AL GAS Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent) P.O. BOX 8900, SALT LAKE CITY, UT 84108=0899										
NORTHWEST PIPELINE COR  If well produces oil or liquids,  ive location of tanks.	Unit   Unit 	ON   Sec. 	Twp.	Rge		ly connected?	SALT LA When		.,_UT84	,108-0899		
f this production is commingled with that f V. COMPLETION DATA	rom any od	her lease or	pool, į	give commin	gling order nurr	iber:						
Designate Type of Completion	- (X)	Oit Well	.	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dilí Res'v		
Date Spudded	Date Compl. Ready to Prod.				Total Depth	•	<b>*</b>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Dep	Tubing Depth			
erforations							<del>, , , , , , , , , , , , , , , , , , , </del>	Depth Casing Shoe				
	CEMENTI	NG RECOR	D	·	0.000 051/5/17							
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
	-											
/. TEST DATA AND REQUES OIL WELL (Test must be after re							and the fact that		(M)	urs.)		
Date First New Oil Run To Tank	Date of Te		oj ma	a on ana mu		lethod (Flow, pr		()				
Length of Test	Tubing Pn	Tubing Pressure			Casing Press	ure		Choke	. O.	3		
Actual Prod. During Test	Oil - Bbis.			Water - Bbis		N. E.	Ga. MCE	7.0	,			
GAS WELL	1		,				BI	120	O. 3			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Ciavilyo	Cocomiale			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC.  1 hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k	itions of the	Oil Conser	vation			OIL CON		_	DIVISIO	N		
Signature						By 3.1) char						
Doug W. Whaley, Staff Admin. Supervisor Printed Name  Tute  June 25, 1990 303-830-4280						SUPERVISOR DISTRICT #3						
Date		Tele	phone	No.	1							

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