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Appropriate District Office
DISTRICT J
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 Buttom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III 1000 Rto Brazos Rd. Aziec, NM 87410

DOU Rio Brazos Rd., Aziec, NM 87410	REQUEST	FOR ALL	OWAB	LE AND AUTHO	RIZATION				
	TO TE	RANSPOF	RT OIL	AND NATURAL		DI No			
Operator AMOCO PRODUCTION COMPAI		Well API No. 300392057000							
Address P.O. BOX 800, DENVER, (COLORADO 80	201							
Reason(s) for Filing (Check proper box)				Other (Please e	xplain)				
New Well	- 7	in Transporter							
Recompletion []	,	Dry Gas	ا_ا [X] ء						
change in Operator	Casinghead Gas	Condensat	E (A)				· · · · · · · · · · · · · · · · · · ·		
nd address of previous operator									
I. DESCRIPTION OF WELL A		o. Pool Name	e. Includia	ng Formation	Kind o	l Lease	Leas	e No.	
JICARILLA CONTRACT 155					Federal or Fee				
Unit Letter	.:	Feet From	The	FSL Une and 940 Feet From Th		et From The	FWLLine		
Section 31 Township	26	Range	5W	, NMPM,	RIO	ARRIBA		County	
II. DESIGNATION OF TRANS	SPORTER OF	OIL AND	NATUI	RAL GAS					
Name of Authorized Transporter of Oil	or Con			Address (Give address to	which approved	copy of this form	is to be sent,		
GARY WILLIAMS ENERGY C	P.O. BOX 159								
Name of Authorized Transporter of Casing		or Dry Ga	ε ΓΥ Τ	Address (Give address to				'	
FL PASO NATURAL GAS CO I well produces oil or liquids.	MPANY Sec.	Twp.	Rge.	P.O. BOX 149: Is gas actually connected	, ,	•	ΙΔ		
ve location of tanks.	ii_								
this production is commingled with that f V. COMPLETION DATA	from any other lease	or pool, give c	commingl	ing order number:					
Designate Type of Completion -	- (X) - (X)	ell Gas	Well	New Well Workove	r Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.		Total Depth		P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay		Tubing Depth			
'erforations				Depth Casing Shoe					
CHOISINAIS						Depair casing or			
	TUBIN	G, CASINO	AND	CEMENTING REC		1 272			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		<u>E</u>	DEPTH S	ET	SACKS CEMENT			
		10r T							
L PERCE DATE AND DECLINE	Trop Allo	NADLE]			
TEST DATA AND REQUES OIL WELL (Test must be after re			and must	be equal to or exceed top	allowable for this	depth or be for f	full 24 hours.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow		ic l	_	U	
ength of Test	Tubing Pressure			Casing Pressure	ത	EGEI	AE	Hi.	
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.	<u> </u>	Gas MCF a	1990		
						JÜL 2	40		
GAS WELL						OIL CO	N. D.		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMC	F	ANNIA ODIO	A Service		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in	Choke Size				
VI. OPERATOR CERTIFIC	ATE OF CON	APLIANC	E	011 00		V.LIUVI DI	VICIO	NI	
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION					
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 JUL 2 1990					
11/1/00				Date Appro	veu	<u> </u>			
D. H. Whly				Ву	3.	S Ch.			
Signature Doug W. Whaley, Staff Admin. Supervisor				SUPERVISOR DISTRICT 15					
Printed Name		Tale		Title				<u> </u>	
June 25, 1990	30	3-830-42 Telephone No.	8U						
				11					

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

- 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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P.O. Box 2088

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Santa Fe, New Mexico 87504-2088

1, 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST	FOR ALLOW								
Operator AMOCO PRODUCTION COME		Well API No. 300392057000								
Address P.O. BOX 800, DENVER,	, COLORADO 802	201								
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name and address of previous operator)	in Transporter of: Dry Gas Condensate]	er (Please expla	ain)					
II. DESCRIPTION OF WELL	L AND LEASE									
Lease Name JICARILLA CONTRACT 15	55 Well No. 24	Pool Name, Inc BLANCO 1	luding Formation IESAVERDE	(PRORATEI		of Lease Federal or Fee		ase No.		
Location Unit LetterM	790	Feet From The	FSL_Line	and	940 Fe	et From The _	FWL	Line		
Section 31 Towns	ship 26N	Range 5V	√ , NI	иРМ,	RIO	ARRIBA		County		
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil GARY—WILLIAMS—ENERGY Name of Authorized Transporter of Cas NORTHWEST—PIPELINE—CO If well produces oil or liquids, give location of tanks.	or Cond CORPORATION— singhead Gas	or Dry Gas	Address (Giv	e address to who DX 159 , 1 e address to who DX 8900 , y connected?	BLOOMF1E hich approved	LD NM— copy of this fo	87413 irm is 10 be sei	າມ)		
If this production is commingled with th IV. COMPLETION DATA	at from any other lease	or pool, give comm	ingling order num	ber:						
Designate Type of Completion	on - (X)	ell Gas Well	l New Well	Workover	Deepen	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	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations			I			Depth Casing	g Shoe			
HOLE SIZE		G, CASING AN	ND CEMENTI	NG RECOR			SACKS CEMI	ENT		
V. TEST DATA AND REQU	EST FOR ALLOV er recovery of total volume	VABLE		arcast ion all	annihle for thi	s denth as he f	or full 24 hou	···)		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	ne oj toda on ana r		ethod (Flow, pi						
Length of Test	Tubing Pressure		Casing Press	Casing Pressure			ED			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis	•		Car- MCF 2 19	90			
CAS WELL Actual Prod. Test - MCI/D	Length of Test		Bbls. Conder	Bbls. Condensate/MMCF			Ca Dividentie			
Festing Method (pitot, back pr.)	Tubing Pressure (S	իա-տ)	Casing Press	Casing Pressure (Shut-in)			<u> </u>			
VI. OPERATOR CERTIF Thereby certify that the rules and re Division have been complied with a is true and complete to the best of n	gulations of the Oil Con and that the information	servation given above	Date	OIL CON			DIVISIO 1990)N		
Signature Doug W. Whaley, St France Name June 25, 1990	Laff Admin. St 303	i <u>pervisor</u> Tide 3-830-4280_	By _ Title		SUPER	VISOR DI	STRICT	/3		

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