Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Departme Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISIÓN

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

I	HEQUEST			ILE AND AUTHO . AND NATURAL		TION				
I. Operator	1011	IMINOFUL	11 Oil	AND NATORAL	. 473		Pl No.			
AMOCO PRODUCTION COMP	PANY					300	3920605	00		
Address P.O. BOX 800, DENVER,		201								
Reason(a) for Filing (Check proper box)		· .		Other (Please	explain)					
New Well		in Transporte Dry Gas	:r ol:							
Recompletion	Casinghead Gas	_ `	(T)							
If change of operator give name and address of previous operator		==								
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name JICARILLA APACHE TRIE	Well No. Pool Name, Include		ing Formation A UNDES GALLUP (GAS)			Kind of Lease State, Federal or Fee		Lease No.		
Location Transfer In It	NE 131 4	1 Kiles	- AMAT DA	CHILD GALLOI	(one	11		1		
Unit LetterC	:820	Feet From	1he	FNL Line and	1600	Fo	et From The	FWL	Line	
Section 03 Towns	hip 26N	Range	5W	, NMPM,		RIO	ARRIBA		County	
III. DESIGNATION OF TRA	NSPORTER OF	OIL AND	NATIII	RAL GAS						
Name of Authorized Transporter of Oil	or Con-		XI	Address (Give address	to which	approved	copy of this j	form is to be s	ini)	
GARY WILLIAMS ENERGY CORPORATION Name of Authorized Transporter of Casinghead Gas or Dry Gas X				P.O. BOX 159, BLOONFIELD, NM 87413  Address (Give address to which approved copy of this form is to be sent)						
GAS COMPANY OF NEW ME			- נ. ב	P.O. BOX 189						
If well produces oil or liquids, give location of tanks.	Unit S∞.	[Twp. ]	Rge.	is gas actually connecte		When				
If this production is commingled with the	at from any other lease	or pool, give	commingl	ing order number:						
Designate Type of Completion	Oil W	eli Ga	• Well	New Well   Workov	er	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.		Total Depth			P.B.T.D.	J		
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubing Depth						
Perforations				Depth Casing Shoe						
1 LITO BLIVIES										
				CEMENTING REC						
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUI	EST FOR ALLOY	VABLE		l			J	<del></del>		
			and musi	be equal to or exceed to	p allowal	de for this	depth or be	for full 24 hou	vs)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flo						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	F (5)		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls. RE					
GAS WELL	_1			<del> </del>	_44	JUL	2 1990	0		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMC	CF	)1· C	SNY	SIV.		
Festing Method (pilot, back pr.)	Tubing Pressure (S	Tubing Pressure (Shut-in)			<u>n)</u>		187. 3			
VI OPERATOR CERTICA		API IANO	·····	\ <u></u>			L			
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby 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 JUI 2 1990						
is true and complete to the best of in	1 monitrage and neiter	•		Date Appro	oved	<u>J</u> [	<u>/</u>			
D. H. Shley				By 3 change						
Signature Doug W. Whaley, St. Finited Name	aff Admin. Su	iperviso Tule	<u>r</u>	'	Şu	PERVI	SOR DIS	STRICT #	3	
	302		_08	Title			<del></del>			

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 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 PO Drawer DD, Anesia, NM 88210	P.O. B	ox 2088					
DISTRICT III	Santa Fe, New M	exico 87504-2088					
1000 Rio Brazas Rd., Aziec, NM 87410	REQUEST FOR ALLOWAL	BLE AND AUTHORIZATIO _ AND NATURAL GAS	N				
I. Operator ANOCO PRODUCTION COMPA	w	Well API No. 300392060500					
Address P.O. BOX 800, DENVER,	COLORADO 80203						
Reason(s) for Filing (Check proper box)		Other (Please explain)					
New Well L.	Change in Transporter of: Oil Dry Gas						
Change in Operator	Casinghead Gas Condensate X						
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL	AND LEASE Well No.   Pool Name, Include	ing Eugmation K	ind of Lease Lease No.				
JICARILLA APACHE TRIBA			tate, Federal or Fee				
Location C Unit Letter	820   Feet From The	FNL Line and 1600	Feet From TheLine				
Section 03 Township	p 26N Range 5W	, NMPM,	RIO ARRIBA County				
	SPORTER OF OIL AND NATU	IDAL CAS					
Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which appr	oved copy of this form is to be sent)				
GARY WILLIAMS ENERGY C Name of Authorized Transporter of Casing	CORPORATION	P.O. BOX 159, BLOOMFIELD, NN 87413  Address (Give address to which approved copy of this form is to be sent)					
GAS COMPANY OF NEW MEX		P.O. BOX 1899, BLOOM					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge	Is gas actually connected? When?					
	from any other lease or pool, give commung	ling order number:					
IV. COMPLETION DATA	Oil Well Gas Well	New Well   Workover   Deep	en Plug Back Same Res'v Diff Res'v				
Designate Type of Completion	- (X) j j	<u>i i i i i i i i i i i i i i i i i i i </u>					
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				
l'erforations		<u> </u>	Depth Casing Shoe				
	TUBING, CASING AND	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
V. TEST DATA AND REQUES			or this depth or be for full 24 hours)				
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas					
Length of Test	Tubing Pressure	Casing Pressure	Chox cast 24				
Actual Prod. During Test	Oil - Ubis.	Water - Bbis.	2 1990				
GAS WELL			INF I DIA.				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Grant Olivandon ate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI ODER TOO COMMO	LATE OF COLUMN LANCE	- i	<u> </u>				
VI. OPERATOR CERTIFIC  Thereby certify that the rules and regulations are respectively to the rules.		OIL CONSER	RVATION DIVISION				
Division have been complied with and is true and complete to the best of my	that the information given above	2 1990					
is the and experience to the own the injury	min	Date Approved JUL 2 1330					
L.H. Whley		By Bil Chang					

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

Signature Doug W.

<u>June 25, 1990</u> Date

Printed Name

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

Title\_

SUPERVISOR DISTRICT #3

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

Admin. Supervisor

Title

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.