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Appropriate District Office
DISTRICT 1
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

O. Drawer DD, Artesia, NM 88210	Santa	P.O. Bo	x 2088 xico 87504-2	กผล					
USTRICT III									
UCO Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR	RALLOWAB	LE AND AU	THORIZ	ATION S				
	10 THAN	SPORT OIL	AND NATU	AAL GA	Well AF	l No.			
Operator AMOCO PRODUCTION COMPANY					300392245800				
Address	0010DADO 00001								
P.O. BOX 800, DENVER, Reason(s) for Filing (Check proper box)	COLORADO 80201		Other (P	lease expla	in)				
New Well	Change in Tr	ansporter of:	<u> </u>	•	·				
Recompletion	Oil D								
Change in Operator	Casinghead Gas C	ondensate X							
f change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE				Kind of				
Lease Name JICARILLA APACHE 102	Name Well No. Pool Name, Include			ng Formation LLUP (GAS)			1.2	ase No.	
Location 0	830		FSL	. 17	00	г Тъ.	FEL	Line	
Unit Letter		eet From The	Line an	d		From The			
Section 09 Township	, 26N R	ange 4W	, NMPN	۸,	RIO	ARRIBA		County	
PROCESSION OF TRAIN	CROPER OF OH	AND NATE	DAT CAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	or Condensal		Address (Give ad	ldress to wh	ich approved	opy of this form	is to be see	u)	
GARY WILLIAMS ENERGY C		• [X]	P.O. BOX	159. F	RLOOMFIE	D, NM 8	7413		
Name of Authorized Transporter of Casing	ghead Gas 🔲 0	r Dry Gas [X]	Address (Give ad	ldress to wh	ich approved	opy of this form	is to be see	고)	
EL-PASO NATURAL GAS CO		Sagaran A	P.O. BOX		EL PASO When		78		
If well produces oil or liquids, give location of tanks.	Unit Sec. ¶T	wp. Kgc. 	is gas actually co	ниестем!	l Whea	1			
If this production is commingled with that	from any other lease or po	ol, give commingl	ing order number:						
IV. COMPLETION DATA					·			harre nasha	
Designate Type of Completion	- (X)	Gas Well	New Well W	orkover/	Deepen 	Plug Back Sa	me Kes v	Diff Res'v	
Date Spudded	Date Compl. Ready to P	rod.	Total Depth		·	P.B.T.D.			
			TO A COLUMN						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	nation	Top Oil/Gas Pay			Tubing Depth			
Perforations	L		1			Depth Casing S	lioe		
	TUBING, CASING AND			DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUB	U		SAOKO GEMENT					
	OT FOR A LLOWA	DI E							
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ST FUR ALLUWA recovery of total volume of	DLE. Fload oil and musi	be equal to or ex	seed top all	owable for this	depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing Metho						
Leave of Test	Tubing Pressure		Casing Pressure			Choke Size	e ite ite	<u> </u>	
Length of Test	Tubing Fressure				_W €	CELL	E	41	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		1K -	GA- MCF	~ 4	ツ	
			<u></u>		10	VE 3 19	9 0		
GAS WELL	Transcription with a second		Bbls. Condensat	MMCF	ملاح	GOOD	PAV.		
Actual Prod. Test - MCF/D	Length of Test	gota. Contactions	Su	855		·			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure		Chike Size				
						<u></u>			
VI. OPERATOR CERTIFIC				I COI	NSFRV.	ATION D	IVISIO	NC	
I hereby certify that the rules and regu- Division have been complied with and	lations of the Oil Conserva	ation n above	0	L 00.	102				
is true and complete to the best of my	knowledge and belief.		Date A	Approve	ed	JUL	5 1990)	
11/1/11			Daily /	יאטייאלי			۸		
D. P. Whley			Ву		7	والمن	9h		
Signature Doug W. Whaley, Sta	iff Admin. Supe				SI	PERVISOR	ateid i	HOT 49	
Printed Name		Tale	Title_				. 5.51		
June 25, 1990 Date	303-8	30-4280 Ohone No.	Ш						

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

OU Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR A	ALLOWAB	LE AND A AND NAT	UTHOR URAL G	IZATION AS				
TO TRANSPORT OIL AND NATURAL C PETALLOT ANOCO PRODUCTION COMPANY					Well API No. 300392245800					
P.O. BOX 800, DENVER,	COLORADO 802	01								
teason(s) for l'iling (Check proper box) lew Well Recompletion Change in Operator	Change in	n Tranı Dry	sporter of: Gas \(\bar{X} \)	Other	(Please exp	olain)				
change of operator give name ad address of previous operator										
I. DESCRIPTION OF WELL Lease Name JICARILLA APACHE 102	AND LEASE Well No. 12E		Name, Includio		ATED G		of Lease Federal or Fee	Les	ase No.	
Location O Unit Letter	830	_ Feet	From The	FSL Line		1700 Fe	et From The	FEL	Line	
Section 09 Townshi	26N	Ran	ge 4W	, NN	IPM,	RIC	ARRIBA		County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil GARY WILLIAMS ENERGY C Name of Authorized Transporter of Casin NORTHWEST PIPELINE COB If well produces oil or liquids, give location of tanks.	or Cond. CORPORATION ghead Gas	nsale	Ory Gas X	P.O. BO Address (Give	X 159, address to X 8900	BLOOMFII which approved	Copy of this for ELD, NM Copy of this for AKE CITY,	87413 rm is 10 be sei	nJ)	
f this production is commingled with that	from any other lease o	r pool,	give commingl	ing order numb	er:					
V. COMPLETION DATA	(Y)	ii [Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compt. Ready	to Pro	d.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Format	lion	Top Oil/Gas 1	Pay Pay		Tubing Depth			
Perforations				Depth Casing				g Shoe		
TUBING, CA HOLE SIZE CASING & TUBIN			CEMENTI	NG RECC		SACKS CEMENT				
V. TEST DATA AND REQUE	er for all ov	VARI	F							
OIL WELL (Fest must be after Date First New Oil Run To Tank	recovery of total volum	u of la	and oil and mus	Producing M	exceed top a	allowable for th pump, gas lift,	is depth or be f etc.)	or full 24 hou	rs.)	
Length of Test	Tubing Pressure			Casing Press	ine	d) E C	Ente	E M		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.		N JUL	Gas MCF 5 1990	שו		
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbis. Conder	HAIC/MMCF	OIL C	ON.,DI	Monsate		
Testing Method (pitot, back pr.)	Tubing Pressure (Si	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)					
VI. OPERATOR CERTIFIC 1 hereby certify that the rules and reginal points on have been complied with any is true and complete to the best of my	ulations of the Oil Condition (scrvati given a	on		OIL CC	ved	ATION JUI حد ک	DIVISIO 5 1990 L	ON	
Signature Doug W. Whaley, Staff Admin. Supervisor Trule			Title		SUF	ERVISOR	DISTRIC	1 /3		
June 25, 1990 Date		clepho	ine No.							

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