Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

O. Box 1980, Hobbs, NM 88240	OIL CONSERVA	TION DIVISION	at notion or rage
O Drawer DD, Artesia, NM 88210	P.O. Bo Santa Fe, New Me	x 2088	
ISTRICT III DOU RIO Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWAB	LE AND AUTHORIZAT	TION
)perator	TO TRANSPORT OIL	AND NATURAL GAS	Well APYNO.
AMOCO PRODUCTION COMPA	NY		3003/92252700
Address P.O. BOX 800, DENVER,	COLORADO 80201		
Reason(s) for Filing (Check proper box)	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry Gas		
Change in Operator	Casinghead Gas Condensate X		100
change of operator give name address of previous operator			
I. DESCRIPTION OF WELL Lease Name	AND LEASE Well No. Pool Name, Including	ng Formation	Kind of Lease No.
JICARILLA CONTRACT 155	1		State, Federal or Fee
Ocation Unit LetterD	: Feet From The	FNL Line and 920	Feet From TheLine
Section 31 Townshi	p #26N Range 5W	, NMPM,	RTO ARRIBA County
U DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS	
laine of Authorized Transporter of Oil	or Condensate X	Address (Give address to which a	approved copy of this form is to be sent)
GARY WILLIAMS ENERGY C Name of Authorized Transporter of Casing	ORPORATION or Dry Gas X	Address (Give address to which a	OMFIELD, NM 87413 approved copy of this form is to be sent)
NORTHWEST PIPELINE COR	PORATION Twp. Rge.	P.O. BOX 8900, SA Is gas actually connected?	IT LAKE CITY, HT 84108-089
ive location of tanks.	<u>ii_iiiiii</u>		L
this production is commingled with that V. COMPLETION DATA	from any other lease or pool, give commingl	ing order number:	
	Oil Well Gas Well	New Well Workover I	Deepen Plug Back Same Res'v Diff Res'v
Designate Type of Completion 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
			Depth Casing Shoe
Perforations			Depail casing direct
	TUBING, CASING AND		CACKE CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUE	ST FOR ALLOWABLE	the second top allowed	hte for this denth or he far full 24 hours
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volume of load oil and mus. Date of Test	Producing Method (Flow, pump,	gas lýt, etc.)
	m. · · · · · ·	Casing Pressure	MESSIVEM
Length of Test	Tubing Pressure	Casing Frontier	Wangar
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	JUL 5 1990
GAS WELL			OIL CON DIV
Autual Prod. Test - MCF/D	Leagth of Test	Bbls. Condensate/MMCF	Greet to a Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	DAME OF COMPLIANCE		
VI. OPERATOR CERTIFIC Thereby certify that the rules and regu		OIL CONS	ERVATION DIVISION
Division have been complied with and	d that the information given above		J ՍL 5 1990
is true and consplete to the best of my	RADTICUES MIN DELICE.	Date Approved	Λ .
Singiture	· ·	By	is die
Signature Doug W. Whaley, Staff Admin. Supervisor Title		Title Su	PERVISOR DISTRICT #3

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

June 25, 1990

- 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.

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.

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

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No Operator AMOCO PRODUCTION COMPANY 300392252700 P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Change in Operator Casinghead Gas Condensate X If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease
BLANCO MESAVERDE (PRORATED GAState, Federal or Fee Lease No. JICARILLA CONTRACT 155 28 Location 1080 920 FWL Unit Letter Feet From The Feet From The Line 26N RIO ARRIBA Township NMPM III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Addsess (Give address to which approved copy of this form is to be sent) (\mathbf{X}) GARY WILLIAMS ENERGY CORPORATION P.O. BOX 159 BLOOMFIELD, NM 87413 Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) NORTHWEST PIPELINE CORPORATION P.O. BOX 8900, SALT LAKE CITY, UT 84108-0899 If well produces oil or liquids, When ? Rge. Is gas actually connected? Unit Sec. give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well | Workover Plug Back Same Res'v Diff Res'v Oil Well Deepen Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE SACKS CEMENT CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure JUL 5 1990 Actual Prod. During Test Oil - Bbls. Water - Bbls. OIL CON. DIV. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF GraDIST Condensate Choke Size Tubing Pressure (Shut-in) Casing Pressure (Shut-in) l'esting Method (pitot, back pr.)

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Doug W. Whaley Supervisor Printed Name Title

June 25, 1990 Date 303-830-4280 Telephone No. OIL CONSERVATION DIVISION

5 1990 JUL Date Approved るシンの By.

SUPERVISOR DISTRICT #3 Title.

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