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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Sept. Fo. New Marine 87504 2000

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		inta re, new N			'		(1)		
	REQUEST F	OR ALLOWA ANSPORT OI							
Operator AMOCO PRODUCTION COMPA				Well /	1 API Na 0392258100				
Address P.O. BOX 800, DENVER,	COLORADO 8020)1				372230100	·		
Reason(s) for Filing (Check proper box)		/	Ou	nes (Please expl	lain)				
New Well Recompletion	Change in Oil	Transporter of:							
Change in Operator	Casinghead Gas	Condensate		61					
change of operator give name address of previous operator				1591					
I. DESCRIPTION OF WELL		•	<i>Y</i>	117					
Lease Name JICARILLA A	Well No. 2E	Pool Name, Includ BASIN DAK		RATED GAS		Lease Tederal or Fee	Lease No.		
Location O	1120		FSL	15	520 _		FEL		
Unit Letter	_ : 26N	Feet From The		e and	Fo	ADDIDA	100	Line	
Section Townshi	P	Kange		мрм,	K10	ARRIBA		County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF O			e address to w	hich annound	ann af this f		· · ·	
MERIDIAN OIL INC.	Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, NM 87401								
CAC COMPANY OF APPLIANCE	27711	or Dry Gas	Vomen (O)	e discress to wi	nich approvea	copy of this form	us to be sent)	0/401	
GAS COMPANY OF NEW MEX (well produces oil or liquids,	ICO ♀ ♀ / ~ Unit	Twp. Rge.	P.O. BO		BLOOMF II	LD, NM	87413	, i	
ve location of tanks.	<u>ii</u>		<u></u>		i		DHU	أعسم	
this production is commingled with that I V. COMPLETION DATA	from any other lease or p	pool, give comming	ling order numi	ber:					
74	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v D	iff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Ready to	Prod.	Total Depth	L		P.B.T.D.	L		
•									
levations (DF, RKB, RT, GR, etc.)	Top Oil/Gas 1	Pay		Tubing Depth					
erforations			<u> </u>			Depth Casing S	lioe		
	TUBING,	CASING AND	CEMENTI	VO-REIDO	BEIV	FM			
HOLE SIZE	CASING & TUBING SIZE		dD)HEHIDE			ACKS CEMENT			
			11 ΔIIG2 3 19			90			
				ни		DIV.1			
. TEST DATA AND REQUES	T FOR ALLOWA	UIL COINT							
IL WELL (Test must be after re	DIST. 3 be equal to or exceed top allowable for this depth or be for full 24 hows.)								
ute First New Oil Run To Tank	Date of Test			thod (Flow, pu					
ength of Test	Tubing Pressure		Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>		<u></u>						
CAS WELL ctual Prod. Test - MCF/D	Length of Test		Bbis. Conden	eale/MMCF		Gravity of Conc	lensale		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-	Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	ATE OF COMP	LIANCE		UL CON		TION D	MOION		
I hereby certify that the rules and regular Division have been complied with and the	OIL CONSERVATION DIVISION								
is true and complete to the best of my ki	Date ApprovedAUG 2 3 1990								
D. H. Shly	Date Approved								
Signature Doug W. Whaley, Staff	By								
Printed Name	Title SUPERVISOR DISTRICT #3								
July 5, 1990	THIS								

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.

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

OIL CONSERVATION DIVISION

P.O.Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1-89

Form C-104

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87	410							. 4	A RFI	<i>M</i> ANA	D 000	
I.	RE				ABLE AND . IL AND NA			1 1	MA.	COM	م الالا	
Operator				Attention				II API No.			3	
Amoco Production Company	WAYNE BRANAM								300	3922581		
Address P.O. Box 800 Denve	r Colorado 80201							in I	E	FIN	5 M	
Reason(s) for Filing (Check proper box)					Other (Please explain)			177 8	10		Sa 3	
New Well		Change in	Transport	ter of:	Ouk	i (i ieuse exp	oium)	$\Pi \Pi$		- /1000		
Recompletion	Oil		Dry Gas						SEP	2 1993		
Change in Operator	Casinghea	d Gas 🗌	Condens	الـــــا				~ 11	. ~/	AND DI	V i	
If change of operator give name and address of previous operator								Ol	- 7	JIV. DI	40)	
II. DESCRIPTION OF WELL	ANDIE	ASE							VDI	IST. 3		
Lease Name		Well No.	Pool Na	me, Includ	ling Formation		A Kir	nd of Leas ite, Federa	e / Foo	Lea	se No.	
JICARILLA A		2E		TA	PACITO-GALI	LUP 580	90 31	FEDER	AL	CONTR	ACT 110	
Location												
Unit LetterO	1	120'	Feet From	m The	FSL Line	and1	520'	_Feet From	n The _	FEL	Line	
Section 18 Township	26	N	Range	51/	,NM	PM,	· · · · ·	RIO	ARRIE	BA.	County	
III. DESIGNATION OF TRAN	SPORTE	ROFO	IL ANI) NATI	IRAL GAS							
Name of Authorized Transporter of Oil		Condensa				e address to 1	which appre	oved copy	of this f	form is to be s	ent)	
MERIDIAN OIL	or Condensate								I NM 87401			
Name of Authorized Transporter of Casi	nghead Gas	chead Gas or Dry Gas Address (Give address to which						oved copy	of this f	form is to be s	ent)	
GAS COMPANY OF NEW MEXICO			4/5.	30	BOX 1899,	899, BLOOMFIELD, NM 87413						
If well produces oil or liquids, give location of tanks.	Unit	Sec. 18	Twp.	Rge. 5W	Is gas actually	/ connected?	Wi	hen?				
If this production is commingled with the	t from any			give comm	ningling order n	umber:			DH	47		
IV. COMPLETION DATA		24		-0		,						
Designate Type of Completion	- (X)	Oil We	11 (Gas Well	New Well	Workover	r Deep 	en Plug 	; Back 	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready t	o Prod.		Total Depth			P.B.7	r. D .		<u> </u>	
08-15-81	09-01-93					7567'		7548'				
Elevations (DF,RKB,RT,GR,etc.)	Name of Producing Formation			Top Oil/Gas I	Tubir	Tubing Depth						
6601GR	GALLUP				6780'				6807'			
Perforations 6780				Depti	Depth Casing Shoe							
		CUBING	, CASIN	NG ANI	CEMENT	ING RECO	ORD					
HOLE SIZE		SING &				DEPTH SE			S	ACKS CEME	NT	
12 1/4"	9 5/8"			326'				260S X CL-B				
7 7/8"	4 1/2"			7587'				1041 SX D-79				
	2 3/8"			6807'				200 SX C1-B				
V. TEST DATA AND REQUE	ST FOR A	ALLOW	ABLE									
OIL WELL (Test must be after a Date First New Oil Run To Tank			e of load	oil and mi	Producing M	or exceed top	allowable	jor this de lift, etc.)	pth or b	e jor juli 24 h	ours.)	
Date First New Oil Run 10 Tank 09-16-93	Date of Test			Producing Method (Flow, pump, gas life			FLOWING					
Length of Test	Tubing Pressure			Casing Pressure				Choke Size				
24	221			411								
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas	Gas - MCF			
	3.43					1196						
GAS WELL 5/80												
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Grav	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI OPEDATOR CERTIFICA	TE OF C	ON TOT Y	ANCE		ا							
VI. OPERATOR CERTIFICA					\parallel	אוו כס	NSFR	VATI	ON I	DIVISIO	N	
i neredy certify that the rules and	TOULIBUUT!	2 OI 1110 (e11		11			~ , . , .	~· •		- -	

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

grature WAYNE BRANAM **BUSINESS ANALYST** Title

Printed Name 09/15/1993 303 830 4912 Telephone No. Date

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

By_

Title

Date Approved ..

MAY 1 8 1994

SUPERVISOR DISTRICT #8

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

4) changes.