Subnut 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		Santa		ox 2088 exico 87504-	-2088					
<u>DISTRICT III</u> 1000 Rio Brazos Rd , Aziec, NM 87410) BEOUE		·	BLE AND AL		7 ∆ TI∩N				
l .				_ AND NATU						
Орегатог		Well API No.								
AMOCO PRODUCTION COM	PANY					300	3923165	00		
P.O. BOX 800, DENVER		80201								
Reason(s) for Filing (Check proper box, New Well		hanna in Tra	enconter of:	Other ((Please expl	ain)				
Recompletion	Oil	hange in Tra								
Change in Operator	Casinghead G		ndensate X							
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WEL	L AND LEAS	E								
JICARILLA APACHE TRIBAL 151 Well No. 6E BASIN DAK						of Lease No. Federal or Fee				
Location O Unit Letter	. 855	5 F	et From The	FSL Line a	1.	570 Fe	et From The	FEL	Line	
Section 09 Towns	thin 250	A *6 *	inge 5W	. NMP			ARRIBA		County	
					144,					
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		OF OIL Condensate		RAL GAS Address (Give a	uddress to w	hich approved	copy of this f	orm is to be se	ni)	
GARY WILLIAMS ENERGY	\square			P.O. BOX						
Name of Authorized Transporter of Cas		or	Dry Gas [X]	Address (Give a					nı)	
GAS COMPANY OF NEW M	EXICO			P.O. BOX	1899,	BLOOMFI	ELD, NM	87413		
If well produces oil or liquids, give location of tanks.	Unit Se	xc. Tw	vp. Rge. 	is gas actually c	onnected?	When	?			
If this production is commingled with th IV. COMPLETION DATA	at from any other i	lease or poo	l, give comming	ling order number	:					
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spuddod		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			
Perforations			1			Depth Casing Shoe				
	Till	DING C	A CINIC A NID	CEMENTENIC	C DECOE	<u> </u>	<u> </u>			
HOLE CIVE	TUBING, CASING ANI			DEPTH SET			SACKS CEMENT			
HOLE SIZE	UASIN	CASING & TUBING SIZE			DEFINISE			Orione States		
										
V. TEST DATA AND REQU	EST FOR AL	LOWAB	LE	L		···	J			
OIL WELL (Test must be afte	r recovery of total	volume of l	oad oil and musi	be equal to or ex	iceed top all	owable for the	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Meth	od (Flow, p	ump, gas lýi, e	ec.)	*		
Length of Test	Tubing Pressu	Tubing Pressure				DEC	Cu si			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis. JUL			G#5 4990		
						• •				
GAS WELL							ON.			
Actual Frod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			DISTURB O	Condensate		
Testing Method (puot, back pr.)	Tubing Pressu	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				•	
VI. OPERATOR CERTIFI	CATEORC	OMPLI	ANCE	<u> </u>			: - :			
I hereby certify that the rules and rep					IL CON	NSERV.	ATION	DIVISIO	N	
Division have been complied with a					E 4000					
is true and complete to the best of n	Date Approved									
D. H. Shly	-			By		7	در.	d) .		
Signature Doug W. Whaley, St	aff Admin	Super	visor	by						
Printed Name		To		Title		SU	PERVISO	R DISTRI	CT #3	

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

<u>June 25., 1990</u> Dae

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

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.