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Appropriate District Office
DISTRICTI
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

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

(XX) Rio Brazos Rd., Aztec, NM 87410	REQUEST TO T	FOR A	ALL PO	OWAB	LE AND AUTHORI AND NATURAL G	ZATION AS				
Operator		Well API No.								
Amoco Production Comp	3004520974									
Address 1670 Broadway, P. O.	Box 800, De	enver.	Co	lorado	80201					
Reason(s) for Filing (Check proper box)	,	- ,			Other (Please exp	lain)				
New Well		ge in Tran	•	er of:						
Recompletion [X]	Oil Casinghead Gas	Dry		ite 🗀						
					Willow, Englewoo	nd Color	rado RO	155		
allo address to previous operator		αr,	010	12 D. 1	alliow, Englewoo	/u, CO10	.440 00			
I. DESCRIPTION OF WELL		No In-	ı Ni-	na Industi	na Europation			14	ase No.	
Lease Name GALLEGOS CANYON FED						RAL	AL NM0468006			
Location	1460			FC	1/50			C1.IT		
Unit Letter K	_ :1460	Feet	t Fron	m The FS	Line and 1450	Fe	et From The	L MP	Line	
Section 4 Towns	hip 25N	Ran	ge1	LW	, NMPM,	SAN J	UAN		County	
III. DESIGNATION OF TRA	NSPORTER O	FOIL	ND	NATU	RAL GAS					
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1528, FARMINGTON, NM 87499					
INLAND Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]				as (X)	Address (Give address to w	copy of this fo	opy of this form is to be sent)			
EL PASO NATURAL GAS COMPANY					P. O. BOX 1492,	, TX 79978				
If well produces oil or liquids,	Unit Sec.	Tw	p.	Rge.	Is gas actually connected?	When	7			
give location of tanks. If this production is commingled with the	at from any what les	se or ****	give	commine	ling order number:					
It this production is commingled with the IV. COMPLETION DATA	ai iroin any other lea	se or pool,	, Kive	- consumg	mig sider number.					
		Well	G	as Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio		ndu to D	<u> </u>		Total Depth	_1	P.B.T.D.	l	_L	
Date Spudded	Date Compl. Ready to Prod.			, com prepar		1.6.1.0.				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay	Tubing Depth				
Perforations							Depth Casin	g Shoe		
						DD	<u> </u>			
					CEMENTING RECO	CEMENTING RECORD		SACKS CEMENT		
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET		OAORO GEMENT			
							·			
and the second second	Ger EAD ALL	ČIŲ ATĪ	1 15		J		J			
V. TEST DATA AND REQU OIL WELL (Test must be after	r.51 FUK ALL r recovery of total ve	olume of le	oad o	il and mus	t be equal to or exceed top a	illowable for th	is depth or be	for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow,	pump, gas lýt,	etc.)			
Lands of The	Tubing Pressure				Casing Pressure	Choke Size				
Length of Test	Lucing Pressure	Tubing Pressure				C - NCE				
Actual Prod. During Test	Oil · Bbls.			Water - Bbls.		Gas- MCF				
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut in)			Casing Pressure (Shul-in)		Choke Size			
					-					
VI. OPERATOR CERTIF				ICE	OILCC	NSERV	/ATION	DIVISION	ON	
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 t	ny knowledge and be	licf.			Date Approv	/ed	MAY 08	1984		
112	at.					7.	s d.			
J. L. Hampton					By Supervision district # 3					
	Sr. Staff A	dmin.	Su	prv		SUPERV	ISTON DI	STRICT	# 😘	
Printed Name Janaury 16, 1989		Ti 103-83	itle		Title					
Date		Telepho								

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 404 must be filed for each pool in multiply completed wells.