## 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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410						AUTHORI					
Operator	Well API No.										
Amoco Production Company						3004511705					
Address 1670 Broadway, P. O.	Box 800	, Denv	er,	Colorad			<del>-,</del>				
Reason(6) for Filing (Check proper box) New Well Recompletion	Oil		Dry C	Gas 🔲	∐ OI	het (Please expl	аілі				
Change in Operator  If change of operator give name and address of previous operator  Ten		ad Gas ∐ .1 E &			Willow,	Englewoo	d, Colo	rado 8	0155		
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name Well No. Pool Name, Include					. 1				Lease No.		
SCHWERDTFEGER A LS Location		·····			TURED C		FEDE		SF07	9319	
Unit LetterO	_ :81	0		From The FS		ne and 1844		set From The	FEL	Line	
Section 8 Townsh	ip2/N	<del></del>	Rang	es w		MPM,	SAN J	UAN		County	
III. DESIGNATION OF TRAI	NSPORTE			ND NATU			hich approx	convertible	form is to be a	<del> </del>	
Name of Authorized Transporter of Oil or Condensate CONOCO					Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 1429, BLOOMFIELD, NM 87413						
Name of Authorized Transporter of Casinghead Gas				y Gat X	Address (Give address to which approved to P. O. BOX 1492, EL PASO,						
EL PASO NATURAL GAS CO If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.		lly connected?	When		7976		
[	from any of	her lease or	pool, g	give comming	ling order nun	nber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		pl. Ready to	Prod.		Total Depth	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	evalions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations						1			Depth Casing Shoe		
		TURING	CAS	INC AND	CEMENT	INC RECOR	'D	1			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
							<del> </del>				
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	E						1	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hows.)  Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	_l				J						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  Thereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved MAY 0.8 1989						
J. J. Hampton					By Bur) chang						
Suppliere  J. L. Hampton Sr. Staff Admin Suprv.  Title  Title					Title	s	UPERVIS	ION DIS	TRICT #	3	
Janaury 16, 1989 303-830-5025  Date Telephone No.						·					

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.