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Appropriate District Office
DISTRICT I
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 III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		IO IHA	NSI	PORT OIL	AND NA	TUHAL GA		A DI No				
Operator Amoco Production Compa	Well API No. 3004511819											
Address						1001011017						
1670 Broadway, P. O. H	Box 800	, Denv	er,	Colorad			-:-1					
Reason(s) for Filing (Check proper box)		Change in	Tmne	morter of:	் ம	et (Please expl	ain)					
New Well	Oil	Change in	Dry (
Recompletion	Casinghead	4 635	•	iensate X								
If change of operator give name	Castiglica	u O.as	Conc	ensate M								
and address of previous operator	ANDIE	. CF							· · · · ·			
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includi						ng Formation						
CHWERDTFEGER A 6 BASIN (DAK								EDERAL	S	SF079319		
Location	. 790		.				•					
Unit LetterN	SL Line and 1715 Feet From The FWL Line											
Section 8 Township 27N Range 8W					, NI	JUAN	JAN County					
III. DESIGNATION OF TRAN	SPORTE		-	ND NATU			1.7.1.		· · · · · · · · · · · · · · · · · · ·		-4)	
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)						
MERIDIAN INC.						P. O. BOX 4289, FARMINGTON, CO 87499 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X EL PASO NATURAL GAS COMPANY					P. O. BOX 1492, EL PASO, TX 79978						· /	
If well produces oil or liquids,	Sec.	Twp.	. Rge.	Is gas actuall	hen 7							
give location of tanks.	Unit)	1		,	i					
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool,	give commingl	ing order num	ber:						
Designate Type of Completion	(X)	Oil Well	_!	Gas Well	New Well	Workover	Deepe	n Plug Ba	ck Same	Res'v	Diff Res'v	
Date Spudded		ol. Ready to	Prod		Total Depth	<u> </u>	J	P.B.T.D			1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Tubing I	Tubing Depth					
Perforations								Domb C	Depth Casing Shoe			
Terrorations								Depui C	asing snoe			
	Т	UBING,	CAS	SING AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	ļ											
												
V. TEST DATA AND REQUES	TEODA	JI OW.	ARL	<u>F</u>	<u> </u>			<u> </u>				
OIL WELL (Test must be after to					be equal to or	exceed top all	owable for	this depth or	be for full	24 how	s.)	
Date First New Oil Run To Tank	Date of Te		-,			ethod (Flow, pi						
								<u>_</u>	I S C		MET	
Length of Test	Tubing Pressure				Casing Press	Chan	Azelen (Ser	Es u				
And David David Too	0.1 1111				District Control of the Control of t			Gas- MG	1 74 60			
Actual Prod. During Test	al Prod. Dunng Test Oil - Bbls.				Water - Bbis.	,	Gas- MCF AUG 0 7 1989					
GAS WELL	<u></u>				I				DIE C	SN.	. DIV.	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sale/MMCF	·	Gravity	of Cond	IST.	3	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke'S	SIZE TOWN	Liperity o	7.30	
VI. OPERATOR CERTIFIC	ATE OF	COME	PI IA	NCF	<u> </u>							
					(OIL CON	NSER	VATIO	N DIV	ISIO	N	
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.					Date ApprovedAUG n 7 1989							
a. L. Humoton							-7	nou (_//	J _		
Signature					By_		<u> </u>	<u> </u>	Then	<u>/</u>		
J. L. Hampton Sr	. Staf	f Admir	Title				SUPF	T. 1	DISTR	ICT	# 3	
Printed Name		303-8			Title			······································				
Date			phone									
					ш							

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.