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

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

, ,	REQ					BLE AND A						
)perator	, AND NATURAL GAS Well API No.											
Amoco Production Company						3004513035						
Address 1670 Broadway, P. O. 1	Box 800), Denv	er,	Colo	orad	o 80201						
Reason(s) for Filing (Check proper box)							er (Please exp	lain)				
New Well		Change in		•	of:							
Recompletion X	Oil		Dry		1-1							
		ad Gas										
nd address of previous operator Ten	neco Oi	1 E &	Р,	6162	S. V	Willow,	Englewoo	od, Colo	rado 8	0155		
I. DESCRIPTION OF WELL	AND LE	· · · · · · · · · · · · · · · · · · ·	15									
Lease Name BERGER A	Well No. Pool Name, Includi 1 BASIN (DAKO					·			TAT	Lcase No. IAL SF078049		
ocation	- Public (DAIIC					111) F 150131			INAL	INL BE078049		
Unit Letter	16	550	Fect	From T	he FS	L Line	and 1850	F	eet From The	FEL	Line	
Section 21 Township 26N Range 11W						, NMPM, SAN JUAN				County		
II. DESIGNATION OF TRAN	SPORTI	or Conde		N QNA			e address to w	hich approved	d copy of this	form is to be s	eni)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						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					ا ا	P. O. BOX 1492, EL PASO, TX 79978						
f well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp).	Rge.	is gas actually		When				
this production is commingled with that V. COMPLETION DATA	from any od	her lease or	pool,	give con	nmingli	ing order num	er:					
Designate Type of Completion	- (X)	Oil Weil		Gas W	/ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay Tubing Depth				oth		
erforations						Depth Casing Shoe						
			~						<u> </u>			
NOI E DUE	TUBING, CASING ANI								·	010/0 05/4	Thy.	
HOLE SIZE	IOLE SIZE CASING & TUBING SIZE						DEPTH SET		-	SACKS CEMENT		
	· · · · · · · · · · · · · · · · · · ·											
. TEST DATA AND REQUES	TEOD	ULOW	A DI		_ _ l				J			
OIL WELL (Test must be after r					d must i	he equal to or	exceed ion all	owable for th	is dooth or be	for full 24 hou	us.)	
Date First New Oil Run To Tank	Date of To		-			Producing Me				,,		
where the last will have the same and the sa												
ength of Test	Tubing Pressure				Casing Pressu	re		Choke Size	Choke Size			
actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF			
GAS WELL	J				J							
Actual Prod. Test - MCF/D	Length of	lest				Bbls. Conden	sale/MMCF		Gravity of	Condensate		
	80 14 1 - 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -											
esting Method (pitot, back pr.)	Tubing Pressure (Shut in)				Casing Pressure (Shut-in)			Choke Size	Cloke Size			
/I. OPERATOR CERTIFIC Thereby certify that the rules and regula Division have been complied with and	itions of the	Oil Conser	vation	,		C	OIL CON			DIVISIO	ON	
is true and complete to the best of my h	ломисиве в	IN UCH CI .				Date	Approve	d	MAY 08	1989		
J. J. Hampton						By But Chang						
Superture J. L. Hampton Sr. Staff Admin Suprv. Title Title						SUPERVISION DISTRICT # 3						
Janaury 16, 1989		303-8				Title.						

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.