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Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

DISTRICT 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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	NSPO	ORT OIL	AND NA	FURAL G	AS	,					
Operator					<u> </u>			Well /	Vi No.				
Amoco Production Com	3004521228												
Address 1670 Broadway, P. O.	Boy 800	Denve	r C	olorad	o 80201								
Reason(s) for Filing (Check proper box)		Delive	,	OTOTAG		r (Please expl	ain)						
New Well		Change in	Transpo	rter of:			•						
Recompletion [Oil	- ()	Dry Gar	[]									
Change in Operator	Casinghead	Gas [Conden	sale 📗									
change of operator give name Te	nneco Oil	F. S. F	2. 61	62 S. 1	Willow.	Englewoo	ıd.	Colo	rado 80	155			
nd address of previous operator	micco off		, 01	01.		DIELENDO		<u>uoro</u> .	1440 00	±44			
I. DESCRIPTION OF WELL								1			ase No.		
case Name Well No. Pool Name, Inclu						FEDE	DAT						
GALLEGOS						TA)				16007	16007971		
Location Unit LetterG	:178	35	Feet Fre	om The FN	L Line	and 1850		Fe	et From The	FEL	Line		
Section 045 29 Towns	hip 26N		Range1	1W	, NI	ирм,	S	AN J	UAN		County		
					D41 (140								
III. DESIGNATION OF TRA		or Conden			Address (Clas	e address to w	hich a	pproved	copy of this f	orm is to be see	nt)		
Name of Authorized Transporter of Oil CONOGO / N / -		or Conden	u	ķΞ.	1								
Transfer of the control of the second of the second	The second secon					P. O. BOX 1429, BLOOMFIEL Address (Give address to which approved co							
	ame of Authorized Transporter of Casinghead Gas or Dry Gas X									TX 79978			
If well produces oil or liquids, give location of tanks.		Sœ.	Тwp.	Rge.	ls gas actuall			When					
f this production is commingled with th	at from any othe	r lease or p	pool, giv	e commingl	ing order numl	жег:		J					
IV. COMPLETION DATA	•	•		-	•								
		Oil Well	(Gas Well	New Well	Workover	D	серсп	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		I	l_						l,	l	.L		
Date Spudded	Date Compl	l. Ready to	Prod.		Total Depth				P.B.T.D.				
Name of Background				Top Oil/Gas Pay			Tubing Doub						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					,				Tubing Depth				
Perforations					1				Depth Casir	g Shoe			
		· in in id	(1 A CI)	NO AND	CELACATE	UC DECOR	10		.l				
	TUBING, CASING AN				1				SACKS CEMENT				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
			-						·				
			· · · · · · · · · · · · · · · · · · ·						·				
v. TEST DATA AND REQU	EST FOR A	LLOWA	BLE		d								
OIL WELL (Test must be afte	r recovery of lot	al volume	of load o	oil and must	be equal to or	exceed top all	owabi	e for thi	s depth or be	for full 24 how	s.)		
Date First New Oil Run To Tank	Date of Test	t			Producing Me	ethod (Flow, p	mstr. 1	gas lift, e	etc.)				
								Chata Siza					
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
	_	Oil - Bbls.				Water - Bbls.			Gas- MCF				
Actual Prod. During Test	Oil - Bois.					Water - Bola.							
					1								
GAS WELL					Bbls, Cenden				Triania are	ondenrole			
Actual Prod. Test - MCI/D	Length of T	est			Bols, Conden	SAID/MMCF			Gravity of C	. Oncentate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size					
VI ODED ATOD CERTIFI	CATE OF	COMP	TIAN	ICE	\r						 -		
VI. OPERATOR CERTIFI I hereby certify that the rules and rep				ICE		OIL COM	NSE	ERV	ATION	DIVISIO	N		
Division have been complied with a				:	11								
is true and complete to the best of in					Date	Approve	h	1	MAY 08	1000			
1.11	-4				Date	Thhiose	, u _		₩₩1V-O	11⁻¹			
4. 7. Stan	nplan				Bu		-		s d				
Signature			_		By_					- A			
J. L. Hampton Printed Name	Sr. Staff	Admin	L Su Title	prv	Title		รบ	PERV	ISION D	STRICT	7 3		
Janaury 16, 1989		303-8		025	Title								
Date		Tele	phone N	ło.									

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

- 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.

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

000 Rio Brazos Rd., Aziec, NM 8/410					BLE AND A L AND NAT		a/s				
Operator AMOCO PRODUCTION COMPAN			/ !			API No. 0452122800					
Address P.O. BOX 800, DENVER, O		no 8020	11		**************************************	······································					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil	Change in	Transpo Dry Ga	. 📙	Othe	r (Please expl	ain)				
f change of operator give name and address of previous operator											
I. DESCRIPTION OF WELL AND LEASE GALLECOS W.					ling Formation	ATED GAS		of Lease Federal or Fee	Le	easc No.	
Location G	1	1785			FNL	18	350		FEL		
Unit Letter	261		. Feet Fi	rom The 11W	Line	and		eet From The		Line	
Section Township			Range	110	,NN	ирм,		JUAN	· · · · · · · · · · · · · · · · · · ·	County	
II. DESIGNATION OF TRANSPORTER OF OIL AND NAT Name of Authorized Transporter of Oil or Condensate MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas EL, PASO NATURAL GAS COMPANY					JRAL GAS Addices (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, NM 87 Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978						
	Unit	Sec.	Twp.	Rge	. Is gas actually	y connected?	When	17			
f this production is commingled with that fr V. COMPLETION DATA	om any oti	her lease or	pool, gi	ve comming	ling order numb	жг					
Designate Type of Completion -	(X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas I	Pay		Tubing Depth							
Perforations				Depth Casing Shoe							
		rubing,	CASI	NG AND	CEMENTI	NG RECOR	D P	W E M			
HOLE SIZE CASING & TUBING S				SIZE	_	10)"E"	R B I	BACKS CEMENT			
						III	UG2 3 19	990			
					-	A\	CON	DIV.			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR	ALLOW	ABLE			OIL	COLA	Blood or be to	r GUI 24 hou	ee)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		of toda	ou ana mu		ethod (Flow, p			7 344 44 1104	13.7	
Length of Test	Tubing Pressure				Casing Pressu	irė		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conden	sate/MMCF		Gravity of Co	ondensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press.	ire (Shut-in)		Choke Size			
VI. OPERATOR CERTIFICATION OF CERTIFICAT	1	OIL COI	3 1990	NC							
Signature Signature		 ;			By_		3	رين (Though		
Signature Doug W. Whaley, Staff Printed Name July 5, 1990	SUPERVISOR DISTRICT #3										

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