Submit 5 Copies
Appropriate District Office
DISTRICT J
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TOTE	RANSPORT OIL	AND NATURAL GA	<u>IS</u>	
perator				Well API No.	
Amoco Production Company				3003922208	
ddress 1670 Broadway, P. O. B	Roy 800 Der	ver. Colorado	80201		
cason(s) for filing (Check proper box)	oa ooo, bei	, colorado	Other (Please expla	in)	
Rew Well	Change	in Transporter of:			
ecompletion	Oil [Dry Gas			
hange in Operator		Condensate			
change of operator give name Tong	neco Oil E 8	k P, 6162 S. V	Villow, Englewoo	d, Colorado 801	55
a address to previous transfer			-		
L DESCRIPTION OF WELL	AND LEASE	lo. Pool Name, Includir	ne Formation		Lease No.
ease Name	61A	BLANCO (MESA		FEDERAL	NM012202
SAN JUAN 28-7 UNIT		parate (tibet			
ocation P	. 940	Feet From The FS	L Line and 790	Feet From The	FEL Line
Unit Letter	_ :				
Section 10 Township	p 28N	Range 7 W	, NMPM,	RIO ARRIBA	County
			DAT CAC		
II. DESIGNATION OF TRAN	SPORTER OF		Address (Give address to wi	hich approved copy of this for	m is to be sent)
Name of Authorized Transporter of Oil		Toensade X		BLOOMFIELD, NM	
CONOCO	gliead Gas	or Dry Gat X	Address (Give address to w	hich approved copy of this for	m is to be sent)
Name of Authorized Transporter of Casing		or Dity Case (A)		EL PASO, TX 79	
EL PASO NATURAL GAS COI	Unit Sec.	Twp. Rge.	is gas actually connected?	When?	
ive location of tanks.	1	i i i			
this production is commingled with that	from any other lease	or pool, give commingl	ling order number:		
V. COMPLETION DATA				-,	bye p
	Oil	Well Gas Well	New Well Workover	Deepen Plug Back	Same Res'v Diff Res'v
Designate Type of Completion			Paral David		
Date Spudded	Date Compl. Reac	iy to Prod.	Total Depth	P.B.T.D.	
		F	Top Oil/Gas Pay	Tubing Dept	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				•	
Perforations			1	Depth Casing	Shoe
				_	
	TIBI	NG CASING AND	CEMENTING RECOR	RD	
HOLE CIVE		& TUBING SIZE	DEPTH SET		ACKS CEMENT
HOLE SIZE					
V. TEST DATA AND REQUE	SET FOR ALL)WARLE			Control 24 house)
OIL WELL (Test must be after	ST FOR ALLC)WARLE	i be equal to or exceed top al	llomable for this depth or be j	or full 24 hows.)
OIL WELL (Test must be after	SET FOR ALL)WARLE	t be equal to or exceed top al Producing Method (Flow, J	llowable for this depth or be j ownp, gas lyt, etc.)	or full 24 hows.)
OIL WELL (Test must be after	ST FOR ALLC recovery of total vol Date of Test)WARLE	Producing Method (Plow, p	llowable for this depth or be journp, gas lýt, etc.)	or full 24 hows.)
OIL WELL (Test must be after Date First New Oil Run To Tank	ST FOR ALLC)WARLE	t be equal to or exceed top al Producing Method (Flow, p	ownp, gas iyi, eic.)	full 24 hows.)
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test	ST FOR ALLC recovery of total vol Date of Test Tubing Pressure)WARLE	Casing Pressure	ownp, gas iyi, eic.)	full 24 hows.)
OIL WELL (Test must be after Date First New Oil Run To Tank	ST FOR ALLC recovery of total vol Date of Test)WARLE	Producing Method (Plow, p	Choke Size	full 24 hows.)
Date First New Oil Run To Tank Length of Test	ST FOR ALLC recovery of total vol Date of Test Tubing Pressure)WARLE	Casing Pressure	Choke Size	for full 24 hows.)
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test	ST FOR ALL/C recovery of total vol Date of Test Tubing Pressure Oil - Bbls.)WARLE	Producing Method (* low, 1 Casing Pressure Water - Bbls.	Choke Size	
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	ST FOR ALLC recovery of total vol Date of Test Tubing Pressure)WARLE	Casing Pressure	Choke Size	
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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
- 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.